



PLEASE TYPE

(Form designed for use on elite (12 pitch) typewriter.)

EPA Form 8700-22 (Rev. 6-89)

Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. ILD 049015134	Manifest Document No. 199114	2. Page 1 of 1	Information in the shaded areas is required by Federal law, but is required by Illinois law.	
3. Generator's Name and Mailing Address NATIONAL CASTINGS 1400 S. LARAMIE CICERO, IL. 60304				A. Illinois Manifest Document Number IL 8799114 FEE PAID IF APPLICABLE		
4. *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS*				B. Generator's ID Number 03110511000		
5. Transporter 1 Company Name Envirite of Illinois, Inc.		6. US EPA ID Number ILD 000 666 206		C. Transporter's ID Number UPW-670850-IL		
7. Transporter 2 Company Name		8. US EPA ID Number		D. Transporter's Phone (800) 335-4783		
9. Designated Facility Name and Site Address Envirite of Illinois, Inc. 16435 Center Avenue Harvey, IL 60426		10. US EPA ID Number ILD 000 666 206		E. Transporter's ID Number		
				F. Transporter's Phone ()		
				G. Facility's IL ID Number 103111110010		
				H. Facility's Phone (708) 596-7040		
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)			12. Containers No. Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. 20 HAZARDOUS WASTE, SOLID H.O.S. 9, NA 3077 PG III (D007)			20.1 CM 00020	4		EPA HW Number D007
b.						EPA HW Number
c.						EPA HW Number
d.						EPA HW Number
J. Additional Description for Materials Listed Above HS 1692				K. Handling Codes for Wastes Listed Above In Item #14 4 = 4 ARDS		
15. Special Handling Instructions and Additional Information						
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.						
Printed/Typed Name Luis Vela			Signature Luis Vela		Date 10/24/00	
17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name Bentzen			Signature Bentzen		Date 10/24/00	
18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name			Signature		Date	
19. Discrepancy Indication Space						
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19. Printed/Typed Name Shan Dale			Signature Shan Dale		Date 10/24/00	

This Agency is authorized to require, pursuant to Illinois Revised Statute, 1989, Chapter 111 1/2, Section 1004 and 1021, that this information be submitted to the Agency. Failure to provide this information may result in a civil penalty against the owner or operator not to exceed \$25,000 per day of violation. Falsification of this information may result in a fine up to \$50,000 per day of violation and imprisonment up to 5 years. This form has been approved by the Forms Management Center.



#19

PLEASE TYPE

(Form designed for use on elite (12-pitch) typewriter.)

EPA Form 8700-22 (Rev. 9-88)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. ILD072317761		Manifest Document No. 163216		2. Page 1 of 1		Information in the shaded areas is not required by Federal law, but is required by Illinois law.			
3. Generator's Name and Mailing Address NATIONAL CASTINGS INC. 110 N. 25th AVE. MCLOUSE PARK, IL. 60160						A. Illinois Manifest Document Number IL 4563216					
4. Generator's Phone (708) 344-0675						B. Illinois Generator's ID 03.1.18.600.12					
5. Transporter 1 Company Name ENVIRTECH OF ILL. INC.						C. Illinois Transporter's ID 03.1.18.600.12					
6. US EPA ID Number ILD000666206						D. Transporter's Phone 708 596-7040					
7. Transporter 2 Company Name						E. Illinois Transporter's ID					
8. US EPA ID Number						F. Transporter's Phone					
9. Designated Facility Name and Site Address ENVIRTECH OF ILL. INC. 16435 S. CENTRAL CENTER HARVEY, IL. 60426						G. Illinois Facility's ID 03.1.1.1.000.1					
10. US EPA ID Number ILD000666206						H. Facility's Phone 708 596-7040					
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)						12. Containers		13. Total Quantity		14. Unit	
						No. Type		Quantity		Wt/Vol	
a. "RQ" HAZARDOUS WASTE SOLID N.O.S. 9										Waste No.	
b. NA 3077 PGIII (D006) (D007) (D008)						001 CM 00020 2				EPA HW Number XX D006	
										Authorization Number	
										EPA HW Number XX	
										Authorization Number	
										EPA HW Number XX	
										Authorization Number	
										EPA HW Number XX	
										Authorization Number	
J. Additional Descriptions for Materials Listed Above HS # 1538						K. Handling Codes for Wastes Listed Above In Item # 14 1 = Gallons (2) = Cubic Yards					
15. Special Handling Instructions and Additional Information											
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.											
Printed/Typed Name John Terpstra						Signature John Terpstra			Date 09/21/00		
17. Transporter 1 Acknowledgement of Receipt of Materials											
Printed/Typed Name BEN HAGEN						Signature BH			Date 9/21/00		
18. Transporter 2 Acknowledgement of Receipt of Materials											
Printed/Typed Name						Signature			Date		
19. Discrepancy Indication Space											
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.											
Printed/Typed Name Steven Packer						Signature Steven Packer			Date 09/21/00		

This Agency is authorized to require, pursuant to Illinois Revised Statutes, Chapter 111 1/2 Section 21, that this information be submitted to the Agency. Failure to provide the information may result in a civil penalty against the owner or operator of not to exceed \$25,000 per day of violation. Falsification of this information may result in a fine up to \$50,000 per day of violation and imprisonment up to 5 years. This form has been approved by the Forms Management Center.

COPY 1. TSD MAIL TO GENERATOR COPY



PLEASE TYPE

(Form designed for use on elite (12-pitch) typewriter.)

EPA Form 8700-22 (Rev. 9-88)

Form Approved. OMB No. 2050-0039, Expires 9-30-91

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.	Manifest Document No.	2. Page 1 of 1	Information in the shaded areas is not required by Federal law, but is required by Illinois law.	
3. Generator's Name and Mailing Address NATIONAL CASTINGS INC. 110 N. 25th AVE. MCROSB PARK, IL. 60160		Location If Different:		A. Illinois Manifest Document Number IL 4563217		
4. Generator's Phone (708) 344-0625		6. US EPA ID Number ILD000666206		B. Illinois Generator's ID 0311860012		
5. Transporter 1 Company Name ENVIRITE OF IL, INC.		8. US EPA ID Number		C. Illinois Transporter's ID UPH 67085621		
7. Transporter 2 Company Name		10. US EPA ID Number		D. 708 596-7046 Transporter's Phone		
9. Designated Facility Name and Site Address ENVIRITE OF IL, INC. 16435 S. CENTER HARVEY, IL. 60426		12. Containers		E. Illinois Transporter's ID		
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		13. Total Quantity		F. () Transporter's Phone		
a. "RQ" HAZARDOUS WASTE SOLID N.O.S. 9 NA 3077 PGH1 (D006) (D007) (D008)		No. Type		G. Illinois Facility's ID 0311110001		
b.		14. Unit Wt/Vol		H. Facility's Phone 708 596-7040		
c.		1. Waste No.		EPA HW Number XX 0006		
d.		Authorization Number		XX		
J. Additional Descriptions for Materials Listed Above HS # 1528		K. Handling Codes for Wastes Listed Above In Item # 14 1 = Gallons ② Cubic Yards		EPA HW Number XX		
15. Special Handling Instructions and Additional Information		Authorization Number		XX		
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.						
Printed/Typed Name John Terpstra		Signature John Terpstra		Date 12/04/00		
17. Transporter 1 Acknowledgement of Receipt of Materials		Signature Tom Hunter		Date 12/04/00		
Printed/Typed Name Tom Hunter		Signature		Date		
18. Transporter 2 Acknowledgement of Receipt of Materials		Signature		Date		
Printed/Typed Name		Signature		Date		
19. Discrepancy Indication Space						
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.						
Printed/Typed Name STEVEN'S		Signature Steven's		Date 12/04/00		

This Agency is authorized to require, pursuant to Illinois Revised Statutes, Chapter 111 1/2 Section 21, that this information be submitted to the Agency. Failure to provide the information may result in a civil penalty against the owner or operator of not to exceed \$25,000 per day of violation. Falsification of this information may result in a fine up to \$50,000 per day of violation and imprisonment up to 5 years. This form has been approved by the Forms Management Center.

COPY 1. TSD MAIL TO GENERATOR COPY



PLEASE TYPE

(Form designed for use on elite (12-pitch) typewriter)

EPA Form 8700-22 (Rev. 9-88)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.	Manifest Document No.	2. Page 1 of 1	Information in the shaded areas is not required by Federal law, but is required by Illinois law.	
Generator's Name and Mailing Address NATIONAL CASTINGS INC. 110 N. 25th AVE. MCCLURG PARK, IL. 60160		Location If Different:		Illinois Manifest Document Number IL 4563218 Fee Paid: If Applicable		
4. Generator's Phone (708) 344-0675		6. US EPA ID Number ILD000666206		B. Illinois Generator's ID 0311860012		
5. Transporter 1 Company Name ENVIRITE OF IL, INC.		8. US EPA ID Number		C. Illinois Transporter's ID 0015967040		
7. Transporter 2 Company Name		10. US EPA ID Number		E. Illinois Transporter's ID		
9. Designated Facility Name and Site Address ENVIRITE OF IL, INC. 16435 S. CENTER HARVEY, IL. 60426		11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		F. () Transporter's Phone		
				G. Illinois Facility's ID 0311110001		
				H. Facility's Phone 708 596-7040		
				I. Waste No.		
a. "RQ" HAZARDOUS WASTE SOLID N.O.S 9 NA 3027 PGH (D006) (D007) (D008)		12. Containers No. Type		13. Total Quantity 001 CM 00020 2		
b.				EPA HW Number XX Authorization Number		
c.				EPA HW Number XX Authorization Number		
d.				EPA HW Number XX Authorization Number		
J. Additional Descriptions for Materials Listed Above HS #1528		K. Handling Codes for Wastes Listed Above In Item # 14 1 = Gallons 2 = Cubic Yards				
15. Special Handling Instructions and Additional Information						
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.						
Printed/Typed Name JOHN WILLIAMS		Signature John Williams		Date 1-17-01		
17. Transporter 1 Acknowledgement of Receipt of Materials		Signature Ben Hager		Date 01-17-01		
18. Transporter 2 Acknowledgement of Receipt of Materials		Signature		Date		
19. Discrepancy Indication Space						
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.		Signature Steven Packer		Date 01-17-01		

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COPY 1. TSD MAIL TO GENERATOR COPY

In case of a spill call the Illinois Office of Emergency Response at 217/782-3637 and the National Response Center at 800/424-8802 or 202/476-2675.



PLEASE TYPE

(Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No IL0072317761	Manifest Document No. 16096	2. Page 1 of 1	Information in the shaded areas is not required by Federal law, but is required by Illinois law.
3. Generator's Name and Mailing Address National Castings 110 N 25th Ave Melrose Park IL 60160				A. Illinois Manifest Document Number IL 9664096 FEE PAID IF APPLICABLE	
4. "24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS" 708-344-0675				B. Generator's IL ID Number 0311860012	
5. Transporter 1 Company Name Excellence of Illinois, Inc.		6. US EPA ID Number IL0000000000		C. Transporter's ID Number 0311860012	
7. Transporter 2 Company Name		8. US EPA ID Number		D. Transporter's Phone	
9. Designated Facility Name and Site Address Excellence of Illinois, Inc. 1545 E. 11th Ave Chicago, IL 60605		10. US EPA ID Number IL0000000000		E. Transporter's ID Number	
				F. Transporter's Phone ()	
				G. Facility's IL ID Number 0311860012	
				H. Facility's Phone	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol
a. RQ Hazardous Waste Solid, n.o.s., 9 NA3077 PG III (D006, D007, D008)		001	cm	00020	Y
b.					
c.					
d.					
Additional Description for Materials Listed Above HS#1528		K. Handling Codes for Wastes Listed Above In Item #14 Y=yards			
15. Special Handling Instructions and Additional Information					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.					
Printed/Typed Name Kurt W. Williams		Signature Kurt W. Williams		Date 05/21/01	
17. Transporter 1 Acknowledgement of Receipt of Materials		Printed/Typed Name Tom Boitz		Signature Tom Boitz	
				Date 05/21/01	
18. Transporter 2 Acknowledgement of Receipt of Materials		Printed/Typed Name		Signature	
				Date	
19. Discrepancy Indication Space					
3. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.				Date	
Printed/Typed Name		Signature		Month Day Year	

This Agency is authorized to require, pursuant to Illinois Revised Statute, 1989, Chapter 111 1/2, Section 1004 and 1021, that this information be submitted to the Agency. Failure to provide this information may result in a civil penalty against the owner or operator not to exceed \$25,000 per day of violation. Falsification of this information may result in a fine up to \$50,000 per day of violation and imprisonment up to 5 years. This form has been approved by the Forms Management Center.



#18

FOR SHIPMENT OF HAZARDOUS AND SPECIAL WASTE

PLEASE TYPE

(Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. ILO 072 317 761		Manifest Document No. 164118	2. Page 1 of 1	Information in the shaded areas is not required by Federal law, but is required by Illinois law.	
3. Generator's Name and Mailing Address National Castings Inc 110. N. 25th Ave. Melrose Park IL 60160					A. Illinois Manifest Document Number IL 9664118		
4. *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS* (708) 44-0675					B. Generator's IL ID Number 10311860012		
5. Transporter 1 Company Name Enroute of Illinois, Inc.					C. Transporter's ID Number UPW-873350-IL		
6. US EPA ID Number LD 000 000 205					D. Transporter's Phone 312-4722		
7. Transporter 2 Company Name					E. Transporter's ID Number		
8. US EPA ID Number					F. Transporter's Phone ()		
9. Designated Facility Name and Site Address Enroute of Illinois, Inc. 10000 Green Avenue Melrose, IL 60160					G. Facility's IL ID Number 0311110001		
10. US EPA ID Number LD 000 000 205					H. Facility's Phone 312-7222		
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)				12. Containers	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. RC Hazardous Waste Solid, N.O.S. 9 NA 3077, P6 III (0006, 0007, 0008)				No.	Type		EPA HW Number
b.							EPA HW Number
c.							EPA HW Number
d.							EPA HW Number
J. Additional Description for Materials Listed Above HS 1528				K. Handling Codes for Wastes Listed Above in Item #14 Y = yards			
15. Special Handling Instructions and Additional Information							
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.							
Printed/Typed Name A. Flick				Signature A. Flick		Date Month Day Year 06/19/01	
17. Transporter 1 Acknowledgement of Receipt of Materials				Signature Tom Lutz		Date Month Day Year 06/19/01	
18. Transporter 2 Acknowledgement of Receipt of Materials				Signature		Date Month Day Year	
19. Discrepancy Indication Space							
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.						Date	
Printed/Typed Name				Signature		Month Day Year	

This Agency is authorized to require, pursuant to Illinois Revised Statute, 1989, Chapter 111 1/2, Section 1004 and 1021, that this information be submitted to the Agency. Failure to provide this information may result in a civil penalty against the owner or operator not to exceed \$25,000 per day of violation. Falsification of this information may result in a fine up to \$50,000 per day of violation and imprisonment up to 5 years. This form has been approved by the Forms Management Center.

COPY 5. GENERATOR MAIL TO IEPA
(RCRA HAZARDOUS AND PCB WASTES ONLY)

In case of a spill call the Illinois Office of Emergency Response at 217 / 782-7860 and the National Response Center at 800 / 424-8802 or 202 / 426-2675.



PLEASE TYPE

(Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. ILD0072317761	Manifest Document No. 164124	2. Page 1 of 1	Information in the shaded areas is not required by Federal law, but is required by Illinois law.	
3. Generator's Name and Mailing Address National Castings Inc. 110 N. 25th Ave. Melrose Park, IL 60160				A. Illinois Manifest Document Number IL9664124 FEE PAID IF APPLICABLE		
4. 24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS 708-344-0075				B. Generator's IL ID Number 01311860012		
5. Transporter 1 Company Name Enbridge of Illinois, Inc.		6. US EPA ID Number ILD000000205		C. Transporter's ID Number UPW 875850-1		
7. Transporter 2 Company Name		8. US EPA ID Number		D. Transporter's Phone 630-234-7383		
9. Designated Facility Name and Site Address Enbridge of Illinois, Inc. 110 N. 25th Ave. Melrose Park, IL 60160		10. US EPA ID Number ILD000000205		E. Transporter's ID Number		
				F. Transporter's Phone ()		
				G. Facility's IL ID Number 01311860012		
				H. Facility's Phone 630-234-7383		
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)			12. Containers No. Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No. EPA HW Number
a. RC Hazardous Waste Solid, n.o.s., 9 UN 3077 PL III (0006, 0008)			001 CM 000110		Y	0006
b.						EPA HW Number
c.						EPA HW Number
d.						EPA HW Number
J. Additional Description for Materials Listed Above HS # 1528				K. Handling Codes for Wastes Listed Above In Item #14 Y = yards		
15. Special Handling Instructions and Additional Information						
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.						
Printed/Typed Name H. Flick			Signature [Signature]		Date 07/30/01	
17. Transporter 1 Acknowledgement of Receipt of Materials			Printed/Typed Name Tom Lortz		Signature [Signature]	
18. Transporter 2 Acknowledgement of Receipt of Materials			Printed/Typed Name		Signature	
19. Discrepancy Indication Space						
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.			Date			
Printed/Typed Name			Signature		Month Day Year	

This Agency is authorized to require, pursuant to Illinois Revised Statute, 1989, Chapter 111 1/2, Section 1004 and 1021, that this information be submitted to the Agency. Failure to provide this information may result in a civil penalty against the owner or operator not to exceed \$25,000 per day of violation. Falsification of this information may result in a fine up to \$50,000 per day of violation and imprisonment up to 5 years. This form has been approved by the Forms Management Center.



PLEASE TYPE

(Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. ILD002317764	Manifest Document No. 64054	2. Page 1 of 1	Information in the shaded areas is not required by Federal law, but is required by Illinois law.
3. Generator's Name and Mailing Address National Castings Inc 110 N 25th Ave Melrose Park IL 60160				A. Illinois Manifest Document Number IL 9664054 FEE PAID IF APPLICABLE	
4. *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS* 708-344-0675				B. Generator's IL ID Number 0311860012	
5. Transporter 1 Company Name Excellite of Illinois, Inc.		6. US EPA ID Number ILD000000000		C. Transporter's ID Number UPT-07000-2	
7. Transporter 2 Company Name		8. US EPA ID Number		D. Transporter's Phone 312-350-0700	
9. Designated Facility Name and Site Address Excellite of Illinois, Inc. 5710 S. Cicero Avenue Chicago, IL 60638		10. US EPA ID Number ILD000000000		E. Transporter's ID Number	
				F. Transporter's Phone ()	
				G. Facility's IL ID Number 031111190011	
				H. Facility's Phone 781-537-7000	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers No.	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. RQ Hazardous Waste Solid, n.o.s. 9 NA3577, PGIII (Acid, non-corrosive) Debris		001	km	00000 Y	EPA HW Number D006
b.					EPA HW Number
c.					EPA HW Number
d.					EPA HW Number
Additional Description for Materials Listed Above HS 1528		K. Handling Codes for Wastes Listed Above In Item #14 Y = Yards			
15. Special Handling Instructions and Additional Information					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.					
Printed/Typed Name JOHN WILLIAMS		Signature John Williams		Date Month Day Year 05/16/01	
17. Transporter 1 Acknowledgement of Receipt of Materials		Signature Tom Lortz		Date Month Day Year 05/16/01	
18. Transporter 2 Acknowledgement of Receipt of Materials		Signature		Date Month Day Year	
19. Discrepancy Indication Space					
0. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.		Date Month Day Year			
Printed/Typed Name		Signature		Date Month Day Year	

This Agency is authorized to require, pursuant to Illinois Revised Statute, 1989, Chapter 111 1/2, Section 1004 and 1021, that this information be submitted to the Agency. Failure to provide this information may result in a civil penalty against the owner or operator not to exceed \$25,000 per day of violation. Falsification of this information may result in a fine up to \$50,000 per day of violation and imprisonment up to 5 years. This form has been approved by the Forms Management Center.

FAX**Date** 6/4/01**Number of pages including cover sheet** 2**TO:** **Jerry Farmer**
National Castings**Phone**
Fax Phone 863-0665**FROM:** **Colletta Campbell**
Envirite of Illinois, Inc.
16435 Center Ave.
Harvey, IL 60426**Phone (708) 596-7040**
Fax Phone (708) 596-7045**CC:****REMARKS:** ☐ *Urgent* ☒ *For your review* ☐ *Reply ASAP* ☐ *Please Comment*

Jerry,

Attached please find the certificate of disposal for the dust collector bags which were shipped to Envirite of Illinois, Inc. on manifest #IL9664054 on 5/17/01.

If you have any questions or require any additional information please contact me at (708) 596-7040.

CERTIFICATE OF DISPOSAL



This certificate is to verify the wastes specified on Manifest # 8127909

have been properly disposed of in accordance with all local, state and federal regulations.

"Disposed of" means either: 1) Burial or 2) Processed as specified in 40 CFR et seq.

FACILITY NAME:
(Please check one)

☒ Michigan Disposal Waste Treatment Plant
(EPA I.D. # MID000724831)

☐ Wayne Disposal, Inc.
(EPA I.D. # MID048090633)

ADDRESS:

49350 N. I-94 Service Drive
Belleville, Michigan 48111

PHONE NUMBER:

1-800-592-5489

FAX NUMBER:

1-800-592-5329

Authorized Signature: _____

THE ENVIRONMENTAL QUALITY COMPANY 49350 N. I-94 SERVICE DRIVE BELLEVILLE MICHIGAN 48111



PLEASE TYPE

(Form designed for use on elite (12-pitch) typewriter.)

EPA Form 8700-22 (Rev. 6-89)

Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. ILD072317761	Manifest Document No. 32993	2. Page 1 of 1	Information in the shaded areas is not required by Federal law, but is required by Illinois law.	
Generator's Name and Mailing Address NATIONAL CASTING, INC. 110 NORTH 25TH AVENUE MELROSE PARK, IL 60160		Location If Different Attn: Al Flick		A. Illinois Manifest Document Number IL 9352993 FEE PAID IF APPLICABLE		
4. *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS*		B. Generator's IL ID Number 03111860012		C. Transporter's ID Number UPW-232773-IL		
5. Transporter 1 Company Name SET ENVIRONMENTAL, INC.		6. US EPA ID Number ILD981957236		D. Transporter's Phone (847) 537-9221		
7. Transporter 2 Company Name		8. US EPA ID Number		E. Transporter's ID Number		
9. Designated Facility Name and Site Address ENVIRITE CORPORATION - IL 16435 S. CENTER HARVEY, IL 60426		10. US EPA ID Number ILD000666206		F. Transporter's Phone ()		
				G. Facility's IL ID Number 0311110001		
				H. Facility's Phone (708) 596-7040		
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. RQ HAZARDOUS WASTE LIQUID, N.O.S. (LEAD, CADMIUM) 9; NA3082; PG III; (D006.D008)						EPA HW Number D006
b.						EPA HW Number
c.						EPA HW Number
d.						EPA HW Number
Additional Description for Materials Listed Above 11a. BAG HOUSE Rinsewater; #H4708;		K. Handling Codes for Wastes Listed Above In Item #14				
15. Special Handling Instructions and Additional Information 11A. ERG# 171 LAND BAN ATTACHED GENERATOR'S PHONE # (708) 344-0675 SET Emergency #1-877-43-Spill						
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.						
Printed/Typed Name A. Flick		Signature A. Flick		Date Month Day Year 08/08/01		
17. Transporter 1 Acknowledgement of Receipt of Materials		Printed/Typed Name Thomas Distalhurst		Signature [Signature]		Date Month Day Year 08/08/01
18. Transporter 2 Acknowledgement of Receipt of Materials		Printed/Typed Name		Signature		Date Month Day Year
19. Discrepancy Indication Space						
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.		Printed/Typed Name		Signature		Date Month Day Year

This Agency is authorized to require, pursuant to Illinois Revised Statute, 1989, Chapter 111 1/2, Section 1004 and 1021, that this information be submitted to the Agency. Failure to provide this information may result in a civil penalty against the owner or operator not to exceed \$25,000 per day of violation. Falsification of this information may result in a fine up to \$50,000 per day of violation and imprisonment up to 5 years. This form has been approved by the Forms Management Center.

COPY 5. GENERATOR MAIL TO IEPA
(RCRA HAZARDOUS AND PCB WASTES ONLY)

In case of a spill call the Illinois Office of Emergency Response at 217/782-7860 and the National Response Center at 800/424-8802 or 202/426-2675.

LAND DISPOSAL NOTIFICATION/CERTIFICATION FORM for PROCESS WASTES

ENVIRITE

OF ILLINOIS, INC.



The purpose of this document is to provide notification — and if appropriate, certification — relating to the waste referenced herein, as required by the land disposal restrictions codified at 40 CFR Part 268.

Instructions for completing this form: For *each* waste stream referenced on this form, please complete Sections 1 through 5, Section 7, and other sections as applicable. To complete Section 7, please note that only one type of notification (and/or certification) will apply to a waste stream, so please consult the following table for further instructions. Complete Section 6 only if a waste subcategory applies. Complete Section 8 only for characteristic wastes, if required by regulation. Signatures must be provided only by an authorized generator representative.

If the waste ...,	and/but if.,	then also complete section
is F or K code waste,	and it fails LDRs,	9
is F or K code waste,	and it meets LDRs,	10
is D code waste,	and it fails LDRs for the hazardous characteristic & UHCs,	9
was D code waste,	and it meets LDRs for the D code, but fails for UHCs,	11
was D code waste,	and it meets LDRs for both the D code and all UHCs,	12

SECTION 1

Generator's Name: NATIONAL CASTING, INC. Generator's EPA #: ILD072317761
 Pick-up Address: 110 NORTH 25th AVE. / MELROSE PK, IL 60160
 Manifest Document Number: 52993 State Manifest Document Number: IL9352993

SECTION 2	SECTION 3	SECTION 4	SECTION 5	SECTION 6	SECTION 7
Manifest Item #	Envirite Approval #	EPA Hazardous Waste Number ("Waste Code")	Treatability Group: Wastewater (WW) or Nonwastewater (NWW)	Subcategory (if applicable)	Type of Notification/Certification (fill in the blank)
11a.	H4708	D006, D008	NWW	N/A	See section ____
					See section ____
					See section ____
					See section ____

SECTION 8 Underlying Hazardous Constituents (UHCs) (For each waste stream for which they must be identified, please identify all UHCs, or indicate that they are identified in an attachment to this form.)

SECTION 9 To be land disposed, this waste must meet applicable land disposal restrictions treatment standards in 40 CFR 268 Subpart D.
 Printed Name: A Flick Signature: A Flick Date: 8/8/01

SECTION 10 I certify under penalty of law that I have personally examined and am familiar with the waste through analysis and testing or through knowledge of the waste to support this certification that the waste complies with the treatment standards specified in 40 CFR part 268 subpart D. I believe that the information I submitted is true, accurate, and complete. I am aware that there are significant penalties for submitting a false certification, including the possibility of a fine and imprisonment.
 Printed Name: _____ Signature: _____ Date: _____

SECTION 11 I certify under penalty of law that the waste has been treated in accordance with the requirements of 40 CFR 268.40 to remove the hazardous characteristic. This decharacterized waste contains underlying hazardous constituents that require further treatment to meet universal treatment standards. I am aware that there are significant penalties for submitting a false certification, including the possibility of fine and imprisonment.
 Printed Name: _____ Signature: _____ Date: _____

SECTION 12 I certify under penalty of law that the waste has been treated in accordance with the requirements of 40 CFR 268.40 to remove the hazardous characteristic and that underlying hazardous constituents, as defined in § 268.2(i) have been treated on-site to meet the § 268.48 Universal Treatment Standards. I am aware that there are significant penalties for submitting a false certification, including the possibility of fine and imprisonment.
 Printed Name: _____ Signature: _____ Date: _____

GENERATOR COPY



18

PLEASE TYPE

(Form designed for use on elite (12-pitch) typewriter.)

EPA Form 8700-22 (Rev. 9-88)

Form Approved. OMB No. 2050-0039. Expires 9-30-91

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. ILD072317761	Manifest Document No. 163219	2. Page 1 of 1	Information in the shaded areas is not required by Federal law, but is required by Illinois law.		
3. Generator's Name and Mailing Address NATIONAL CASTINGS INC. 110 N. 25th AVE. MCROSE PARK, IL. 60160				A. Illinois Manifest Document Number IL 4563219			
4. Generator's Phone (708) 344-0675				B. Illinois Generator's ID 0311860012			
5. Transporter 1 Company Name ENVIRITE OF IL. INC.				C. Illinois Transporter's ID 400670501			
6. US EPA ID Number ILD000666206				D. Transporter's Phone 708 596 7040			
7. Transporter 2 Company Name				E. Illinois Transporter's ID			
8. US EPA ID Number				F. Transporter's Phone			
9. Designated Facility Name and Site Address ENVIRITE OF IL. INC. 16435 S. CENTER HARVEY, IL. 60426				G. Illinois Facility's ID 0311110001			
10. US EPA ID Number ILD000666206				H. Facility's Phone 708 596-7040			
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)				12. Containers	13. Total Quantity		
				No.	Unit		
				Type	Wt/Vol		
GENERATOR	a. "RQ" HAZARDOUS WASTE SOLID N.O.S. 9 NA 3077 PG. III (D006)(D007)(D008)				BA	001 EM 0000 14	Waste No. XX D006
	b. RQ HAZARDOUS WASTE SOLID N.O.S. 9 NA 3077 PG. III (D006)(D007)(D008)(DEBRIS)				BA	001 BA 0000 14	Waste No. XX
	c.						Waste No. XX
	d.						Waste No. XX
J. Additional Descriptions for Materials Listed Above H5 #1528				K. Handling Codes for Wastes Listed Above in Item # 14 1 = Gallons 2 = Cubic Yards			
15. Special Handling Instructions and Additional Information							
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.							
TRANSPORTER	Printed/Typed Name DAN SMITH				Signature Dan Smith		Date 040404
	17. Transporter 1 Acknowledgement of Receipt of Materials				Signature Bo		Date 040401
	Printed/Typed Name BEN HERN				Signature		Date
FACILITY	18. Transporter 2 Acknowledgement of Receipt of Materials				Signature		Date
	Printed/Typed Name				Signature		Date
FACILITY	19. Discrepancy Indication Space						
FACILITY	20. Facility Owner or Operator. Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.						
	Printed/Typed Name Don Page				Signature Don Page		Date 040404

This Agency is authorized to require, pursuant to Illinois Revised Statutes, Chapter 111 1/2 Section 21, that this information be submitted to the Agency. Failure to provide the information may result in a civil penalty against the owner or operator of not to exceed \$25,000 per day of violation. Falsification of this information may result in a fine up to \$50,000 per day of violation and imprisonment up to 5 years. This form has been approved by the Forms Management Center.

COPY 1. TSD MAIL TO GENERATOR COPY

In case of a spill call the Illinois Office of Emergency Response at 217/782-3637 and the National Response Center at 800/424-8802 or 202/426-2675.

TEXAS NATURAL RESOURCE
CONSERVATION COMMISSION
P.O. Box 13087
Austin, Texas 78711-3087



Form approved, OMB No. 2050-0039.

See print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. T L D 0 7 2 3 1 7 7 6 1	Manifest Document No.	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address NATIONAL CASTING, INC. 110 NORTH 25TH AVENUE MELROSE PARK, IL 60160				A. State Manifest Document Number 02612183		
4. Generator's Phone (708) 311-0675				B. State Generator's ID 99917		
5. Transporter 1 Company Name SET ENVIRONMENTAL, INC.				C. State Transporter's ID 40835		
6. US EPA ID Number T L D 9 8 1 9 5 7 2 3 6				D. Transporter's Phone (847) 537-9221		
7. Transporter 2 Company Name SET ENVIRONMENTAL, INC.				E. State Transporter's ID 40835		
8. US EPA ID Number T L D 9 8 1 9 5 7 2 3 6				F. Transporter's Phone (847) 537-9221		
9. Designated Facility Name and Site Address TREATMENT ONE 5743 CHESWOOD STREET HOUSTON, TX 77057				G. State Facility's ID 50267		
10. US EPA ID Number T N D 0 5 5 1 3 5 3 8 S				H. Facility's Phone (713) 645-8710		
11A. HM	11. US DOT Description (Including Proper Shipping Name, Hazard Class, ID Number and Packing Group)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	15. Waste No.
	a. COMBUSTIBLE LIQUID, N.O.S. (NAPHTHALENE) COM; NA1993; PG III	201	DM	0.0400	P	OUTS2031
X	b. WASTE PAINT 3 UN 1263 PG II (D001)	0.03	DM	0.1200	P	OUTS119H
X	c. TOXIC LIQUIDS, ORGANIC, N.O.S. (FORMALDEHYDE PHENOL) 6.1 UN 2810 PG II	0.02	DM	0.0400	P	OUTS2191
X	d. COMBUSTIBLE LIQUID, N.O.S. (NAPHTHALENE) COM; NA 1993; PG III	0.01	DF	0.0400	P	OUTS119H
J. Additional Descriptions for Materials Listed Above 11a. WASTE PART 3 - TECHNISET ACTIVATOR; #1B-30276; 1X85 11b. WASTE PAINT; 3X55 11c. CHEM RES 057853; 1B-30168; 2X85; 1X55				K. Handling Codes for Wastes Listed Above 11A: 2001, 2002, 2003, 2004 COR: 1X85, 11C: 2001, 11D: 2004		
15. Special Handling Instructions and Additional Information 11a. ERG# 128 11b. ERG# 128 EMERGENCY CONTACT # 877-437-7455						
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packaged, marked, and labelled/placarded, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations, including applicable state regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.						
Printed/Typed Name A. Flick				Signature A. Flick		Month Day Year 07/18/01
17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name JIM WILLIAMS OF SET				Signature J. Williams		Date Month Day Year 07/19/01
18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name RICHARD S. GILLO				Signature R. Gillo		Date Month Day Year 07/23/01
19. Discrepancy Indication Space 11B: OK TO CORRECT TEXAS WASTE CODE # PER VERBAL BY SUE MANNIS AT SET. ew 11D: OK TO CORRECT TEXAS WASTE CODE # PER VERBAL BY SUE MANNIS AT SET. ew						
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.						
Printed/Typed Name Laura Wright				Signature Laura Wright		Date Month Day Year 07/30/01

TEXAS NATURAL RESOURCE
CONSERVATION COMMISSION

P.O. Box 13087

Austin, Texas 78711-3087



Form approved, OMB No. 2050-0039.

Print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. ILLD0723177611		Manifest Document No. 2118		2. Page 1 of 1		Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address NATIONAL CASTING, INC. 110 NORTH 25TH AVENUE MELROSE PARK, IL 60160						A. State Manifest Document Number 02612184			
4. Generator's Phone (708) 344-0675						B. State Generator's ID 99917			
5. Transporter 1 Company Name SET ENVIRONMENTAL, INC.						C. State Transporter's ID 40835			
6. US EPA ID Number ILLD981957236						D. Transporter's Phone (847) 537-9221			
7. Transporter 2 Company Name SET ENVIRONMENTAL, INC.						E. State Transporter's ID 40835			
8. US EPA ID Number ILLD981957236						F. Transporter's Phone (847) 537-9221			
9. Designated Facility Name and Site Address TREATMENT ONE 5743 CHESWOOD STREET HOUSTON, TX 77087						G. State Facility's ID 50267			
10. US EPA ID Number TXND055135388						H. Facility's Phone (713) 645-8710			
11A. HM	11. US DOT Description (Including Proper Shipping Name, Hazard Class, ID Number and Packing Group)				12. Containers No.	Type	13. Total Quantity	14. Unit Wt./Vol	1. Waste No.
X	a. WASTE CORROSIVE LIQUIDS, BASIC, INORGANIC, N.O.S. (SODIUM SILTATE) NON-REGULATED LIQUID 8; UN3266; PG II				0.02	DM	0.08.0.0	P	OUTS1101
	b. TOXIC LIQUIDS, ORGANIC, N.O.S. (FORMALDEHYDE, PHENOL) 6.1; UN2810; PG II				0.02	DF	0.08.0.0	P	OUTS2191
	c. RQ, PHENOL SOLUTIONS 6.1; UN2821; PG III				0.02	DM	0.08.0.0	P	OUTS2081
	d. COMBUSTIBLE LIQUID, N.O.S. (NAPHTHALENE) NA 6 COMBUSTIBLE LIQUID, N.O.S. COM; UN1993; PG III (NAPHTHALENE) COM; 1993; PGIII				0.01	DM	0.04.0.0	P	OUTS1191
J. Additional Descriptions for Materials Listed Above						K. Handling Codes for Wastes Listed Above			
11a. FORSOL CARSIL SAND BINDER; #1B-30281; D002						HA-M181 UR-M181			
11b. CHEM REZ 057853; #1B-30168; 1-55-285						HA-M181 UR-M181			
11c. WASTE TECHNISET RESIN PART 1; #1B-30434; 2-85						HA-M181 UR-M181			
11d. WASTE PART 2 - TECHNISET CORPACTANT; #1-55						HA-M181 UR-M181			
15. Special Handling Instructions and Additional Information 11a. LAND BAN ATTACHED 11b. ERG# 153 11c. ERG# 153						11D. ERG# 129 EMERGENCY CONTACT #			
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packaged, marked, and labelled/placarded, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations, including applicable state regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.									
Printed/Typed Name A. Flick						Signature A. Flick		Month Day Year 07/18/01	
17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name Jim Williams						Signature Jim Williams		Month Day Year 07/18/01	
18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name Ricki Marsiglio						Signature Ricki Marsiglio		Month Day Year 07/23/01	
19. Discrepancy Indication Space 11A: OK TO DROP D002 EPA CODE AND CHANGE TEXAS WASTE CODE #. SEE ATTACHED. 11D: OK TO CORRECT TEXAS WASTE CODE # PER VERBAL BY SUE MANNIS AT SET. ORIGINAL DESCRIPTION CORRECT.									
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.						Date			
Printed/Typed Name Laura Wright						Signature Laura Wright		Month Day Year 17/130101	



STATE OF ILLINOIS

P.O. BOX 19276

SPRINGFIELD, ILLINOIS 62704-9276 (217) 782-8761

State Form LPC 62 8/81

IL532-0810

EPA Form 8700-22 (Rev. 9-88)

Form Approved. OMB No. 2050-0038, Expires 9-30-91

PLEASE TYPE

(Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS
WASTE MANIFEST

1. Generator's US EPA ID No.

Manifest
Document No.2. Page 1
of 1Information in the shaded areas is not
required by Federal law, but is required
by Illinois law.

3. Generator's Name and Mailing Address

Location If Different:

NATIONAL CASTINGS INC.
110 N. 25th AVE. MCLEOD PARK, IL. 60160

4. Generator's Phone

(208) 344-0675

5. Transporter 1 Company Name

6.

US EPA ID Number

ENVIRITE OF ILL. INC.

ILD000666206

7. Transporter 2 Company Name

8.

US EPA ID Number

9. Designated Facility Name and Site Address

10.

US EPA ID Number

ENVIRITE OF ILL. INC.
16435 S. CENTER CENTER

HARVEY, IL. 60426

ILD000666206

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers

No.

Type

13.
Total
Quantity14.
Unit
Wt/Vol

a. "RQ" HAZARDOUS WASTE SOLID N.O.S. 9

NA 3077 PAIL (D006) (D007) (D008)

001 CM 000202

b.

c.

d.

G
E
N
E
R
A
T
O
R

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment. OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name

Signature

John Terpstra

John Terpstra

Date
Month Day Year
09 21 00

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

BEN HAGEN

BEN HAGEN

Date
Month Day Year
09 21 00

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Date
Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.

Printed/Typed Name

Signature

Steven P. P.

Steven P. P.

Date
Month Day Year
09 21 00

This Agency is authorized to require, pursuant to Illinois Revised Statutes, Chapter 111a Section 21, that this information be submitted to the Agency. Failure to provide the information may result in a civil penalty against the owner or operator of not to exceed \$25,000 per day of violation. Failure to provide this information may result in a fine up to \$50,000 per day of violation and imprisonment up to 5 years. This form has been approved by the Forms Management Center.

COPY 1. TSD MAIL TO GENERATOR COPY

In case of a spill call the Illinois Office of Emergency Response at 217/782-3637 and the National Response Center at 800/424-9802 or 202/426-2675.



STATE OF ILLINOIS

P.O. BOX 19278

SPRINGFIELD, ILLINOIS 62794-9278 (217) 782-6761

State Form LPC 62 8/81 IL532-0810

EPA Form 8700-22 (Rev. 9-88)

Form Approved OMB No. 2050-0039; Expires 9-30-91

PLEASE TYPE

(Form designed for use on elite (12-pitch) typewriter.)

**UNIFORM HAZARDOUS
WASTE MANIFEST**

1. Generator's US EPA ID No.

ILD072317761

Manifest
Receipt No.

163217

2. Page 1

Information in the shaded areas is not
required by Federal law, but is required
by Illinois law.

3. Generator's Name and Mailing Address

Location If Different:

NATIONAL CASTINGS INC.
110 N. 25th AVE. MELROSE PARK, IL. 60160

4. Generator's Phone (

708) 344-0675

5. Transporter 1 Company Name

FAVORITE OF IL. INC.

6. US EPA ID Number

ILD000666206

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

FAVORITE OF IL. INC.

16435 S. CENTER

HARVEY, IL. 60426

10. US EPA ID Number

ILD000666206

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers

No.

Type

13. Total

Quantity

14. Unit

Wt/Vol

a. 15 "RQ" HAZARDOUS WASTE SOLID N.O.S. 9

NA 3077 PG-III (D006) (D007) (D008)

001 CM 000202

b.					
c.					
d.					

13. Additional Descriptions for Materials Listed Above

HS # 1528

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name

John Terpstra

Signature

John Terpstra

Date

Month Day Year
12 04 00

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Tom Hunter

Signature

Tom Hunter

Month Day Year
12 04 00

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

STEVEN'S

Signature

Steven's

Date

Month Day Year
12 04 00

This Agency is authorized to require, pursuant to Illinois Revised Statutes, Chapter 111 1/2 Section 21, that this information be submitted to the Agency. Failure to provide the information may result in a civil penalty against the owner or operator of not to exceed \$25,000 per day of violation. Falsification of this information may result in a fine up to \$50,000 per day of violation and imprisonment up to 5 years. This form has been approved by the Forms Management Center.

COPY 1. TSD MAIL TO GENERATOR COPY

In case of a spill call the Illinois Office of Emergency Response at 217/782-3637 and the National Response Center at 800/424-8802 or 202/426-2675.



PLEASE TYPE

(Form designed for use on elite (12-pitch) typewriter.)

EPA Form 8700-22 (Rev. 9-88)

Form Approved. OMB No. 2050-0039, Expires 9-30-91

In case of a spill call the Illinois Office of Emergency Response at 217/782-3637 and the National Response Center at 800/424-8802 or 202/426-2675.

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. ILD072317761	Manifest Document No. 163218	2. Page 1 of 1	Information in the shaded areas is not required by Federal law, but is required by Illinois law.	
3. Generator's Name and Mailing Address NATIONAL CASTINGS INC. 110 N. 25th AVE. MCLEOD PARK, IL. 60160		Location If Different:				
4. Generator's Phone (708) 344-0625						
5. Transporter 1 Company Name ENVIRITE OF IL, INC.		6. US EPA ID Number ILD000666206				
7. Transporter 2 Company Name		8. US EPA ID Number				
9. Designated Facility Name and Site Address ENVIRITE OF IL, INC. 16435 S. CENTER HARVEY, IL. 60426		10. US EPA ID Number ILD000666206				
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers No.	Type	13. Total Quantity	14. Unit Unit Wt/Vol	
a. "RQ" HAZARDOUS WASTE Solid M.O.S. 9 NA 3027 PG. III (D006) (D017) (D008)		881	CM	80020	2	
b.						
c.						
d.						
15. Special Handling Instructions and Additional Information						
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.						
Printed/Typed Name JOHN WILLIAMS		Signature John Williams		Date 1-17-01		
17. Transporter 1 Acknowledgement of Receipt of Materials		Signature Ben Nager		Date 01/17/01		
18. Transporter 2 Acknowledgement of Receipt of Materials		Signature		Date		
Printed/Typed Name		Signature		Month Day Year		
19. Discrepancy Indication Space						
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.		Signature Steven Packer		Date 01/17/01		
Printed/Typed Name		Signature		Month Day Year		

This Agency is authorized to require, pursuant to Illinois Revised Statutes, Chapter 111's Section 21, that this information be submitted to the Agency. Failure to provide the information may result in a civil penalty against the owner or operator of not to exceed \$25,000 per day of violation. Falsification of this information may result in a fine up to \$50,000 per day of violation and imprisonment up to 5 years. This form has been approved by the Federal Management Center.

COPY 1. TSD MAIL TO GENERATOR COPY

Treatment One

Division of SET Environmental, Inc.

5730 Westchase Street - Houston, TX 77087

713-645-8710 // 800-598-7328

Fax: 713-649-1027

TNRCC Permit No. HW-50267

EPA ID No. TXD055135388

WASTESTREAM PROFILE

Treatment One Use Only

Approval No.: _____
Sales Rep: 70Treatment/Handling Code: _____
Disposal Accrual: _____
Pricing: _____**I. GENERATOR INFORMATION**Generator National Castings, Inc.Contact Al FlickTelephone (708) 344-0675Fax (708) 344-0284Mailing Address 110 N. 25th Ave.City, State Zip Melrose Park, IL 60160Site Address Same

City, State Zip _____

Broker Name SET Environmental, Inc.Contact Liz MarbleTelephone (847) 537-9221Fax (847) 537-9265Mailing Address 450 Sumac RoadCity, State Zip Wheeling, IL 60090U.S. EPA ID No: ILD072317761Texas Generator ID No. 99917**II. GENERAL WASTE INFORMATION**Wastestream Name: Chem Rez 057853QUANTITY 2
☒ Drum ☐ Gallons ☐ Pounds ☐ Cu. YardCONTAINER SIZE 55 Gal
____ Gal _____ Cu Yd
____ Gal _____ Tote

FREQUENCY

☐ One Time ☒ Yearly
☐ Monthly ☐ Quarterly
☐ Other _____

CONTAINER TYPE

☒ Metal ☐ Wood
☐ Poly ☐ Fiber**III. SPECIFIC HAZARDS** Please identify all that apply.Radioactive ☐ Yes ☒ No
Explosive ☐ Yes ☒ No
Compressed Gas ☐ Yes ☒ No
Dioxin or Suspect ☐ Yes ☒ No
Water Reactive ☐ Yes ☒ No
Shock Sensitive ☐ Yes ☒ No
Organic Peroxide ☐ Yes ☒ NoPoison ☒ Yes ☐ No
Carcinogen ☐ Yes ☒ No
Infectious ☐ Yes ☒ No
Corrosive ☐ Yes ☒ No
Flammable ☐ Yes ☒ No
Oxidizer ☐ Yes ☒ No
Pyrophoric ☐ Yes ☒ No**IV. PROCESS**

Describe the process generating the waste, including raw materials and final product.

Un 1 product.☒ Unused (Attach MSDS)
☐ Used/Spent (Attach laboratory analysis)

WASTE COMPOSITION

Total of components must equal 100%

Component	CAS#	Weight	to	Weight
Phenol-Urea-Formaldehyde		70%	to	80%
Resin			to	
Water			to	
Phenol	108952	15%	to	25%
Formaldehyde	50000	1%	to	5%
			to	
			to	
			to	
(MSDS Attached)			to	
			to	
			to	
			to	
			to	
			to	
			to	

VI. CHARACTERISTICSSpecific Gravity 1.3 Odor Mild
Color Dark Amber

PHYSICAL STATE

- Percent
- ☐ Solid _____
- ☐ Sludge _____
- ☒ Liquid 100
- ☐ Gas _____

FLASHPOINT

- ☐ < 73°F ☒ 140°F - 199°F
- ☐ 73°F - 99°F ☐ > 200°F
- ☐ 100°F - 139°F
- Exact _____

LAYERING

- ☒ Homogeneous
- ☐ Bilayered
- ☐ Multilayered
- Amount of layers _____

pH

- ☐ < 2 ☐ 8 to 10
- ☐ 2 to 4 ☐ 10 to 12.5
- ☐ 4 to 6 ☐ > 12.5
- ☒ 6 to 8
- Exact _____

METALS PRESENT

- | | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | PPM |
|-----------|------------------------------|--|-------|
| Aluminum | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | _____ |
| Antimony | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | _____ |
| Arsenic | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | _____ |
| Barium | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | _____ |
| Beryllium | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | _____ |
| Cadmium | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | _____ |
| Chromium | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | _____ |
| Cobalt | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | _____ |
| Copper | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | _____ |
| Lead | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | _____ |
| Manganese | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | _____ |
| Mercury | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | _____ |
| Nickel | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | _____ |
| Selenium | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | _____ |
| Silver | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | _____ |
| Thallium | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | _____ |
| Zinc | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | _____ |

Total Cyanide None ppm

Reactive Cyanide None ppm

Total Sulfide None ppm

Reactive Sulfide None ppm

TOC Present ppm

BTU/lb <2000 Range _____

Ash % Present Range _____

Water % None Range _____

Sulfur % None Range _____

Chlorine % None Range _____

Fluorine % None Range _____

Bromine % None Range _____

VAPOR PRESSURE @ 100°F

- ☐ < 76.6 kPa (575 mmHg)
- ☐ > 76.6 kPa (575 mmHg)

Treatment One

Division of SET Environmental, Inc.

5738 Cheswood Street - Houston, TX 77087

-645-8710 // 800-598-7328

Fax: 713-649-1027

TNRCC Permit No. HW-50267

EPA ID No. TXD055135388

OK; JAM; 5/24/01

U17845-670

WASTESTREAM PROFILE

Treatment One Use Only

Approval No.: 1B-30281
Sales Rep: 70Treatment/Handling Code: BASES (T31)
Disposal Accrual: _____
Pricing: _____**I GENERATOR INFORMATION**

Generator National Castings

Contact Al FlickTelephone (708) 344-0675Fax (708) 344-0284Mailing Address 110 North 25th Ave.City, State Zip Melrose Park, IL 60160

Site Address _____

City, State Zip _____

Broker Name SET Environmental, Inc.Contact Liz MarbleTelephone (847) 537-9221Fax (847) 537-9265Mailing Address 450 Somac RoadCity, State Zip Wheeling, IL 60090U.S. EPA ID No: ILD072317761Texas Generator ID No. 99917**II GENERAL WASTE INFORMATION**

Wastestream Name:

Forseo Carsil Sand Binder

FREQUENCY

☐ One Time☒ Yearly☐ Monthly☐ Quarterly☐ Other _____

CONTAINER TYPE

☐ Metal☐ Wood☒ Poly☐ Fiber

QUANTITY

1☐ Tote☒ Drum☐ Gallons☐ Pounds☐ Cu. Yard

CONTAINER SIZE

55 Gal

_____ Gal

_____ Cu Yd

_____ Gal

_____ Tote

III SPECIFIC HAZARDS Please identify all that apply

Radioactive ☐ Yes ☒ No
 Explosive ☐ Yes ☒ No
 Compressed Gas ☐ Yes ☒ No
 Dioxin or Suspect ☐ Yes ☒ No
 Water Reactive ☐ Yes ☒ No
 Shock Sensitive ☐ Yes ☒ No
 Organic Peroxide ☐ Yes ☒ No

Poison ☐ Yes ☒ No
 Carcinogen ☐ Yes ☒ No
 Infectious ☐ Yes ☒ No
 Corrosive ☒ Yes ☐ No
 Flammable ☐ Yes ☒ No
 Oxidizer ☐ Yes ☒ No
 Pyrophoric ☐ Yes ☒ No

T03 (18)

IV PROCESS

Describe the process generating the waste, including raw materials and final product.

Unused Product

☒ Unused (Attach MSDS)☐ Used/Spent (Attach laboratory analysis)RECEIVING: STANDARD PPE☒ Neoprene Gloves☐ YES Sara 313 NO☐ Mercury Cartridges☐ YES CHS NO☐ Pesticide Cartridges☒ Report Percent Solids / Sludges☐ Weights Needed☐ DO NOT SAMPLE

Treatment One
 Division of SET Environmental, Inc.
 5730 Cheswood Street - Houston, TX 77087
 713-45-8710 // 800-598-7328
 Fax: 713-649-1027

TNRCE Permit No. HW-50267
 EPA ID No. TXD055135388

WASTESTREAM PROFILE

Treatment One Use Only

Approval No.: _____
 Sales Rep: D COZZI

Treatment/Handling Code: _____
 Disposal Accrual: _____
 Pricing: _____

I. GENERATOR INFORMATION

Generator ABC / NACO INC
 Contact AL FLICK
 Telephone 708/344-0675 X 379
 Fax 708/344-0284
 Mailing Address 110 N 25TH AVE
 City, State Zip MELROSE PARK, IL 60160
 Site Address SAME AS ABOVE
 City, State Zip _____

Broker Name SET Environmental
 Contact _____
 Telephone 847/537-9221
 Fax 847/537-9265
 Mailing Address 450 Sumac Rd
 City, State Zip Wheeling, IL 60090

U.S. EPA ID No: ILD072317761 Texas Generator ID No. 99917

II. GENERAL WASTE INFORMATION

Wastestream Name: Techniset Resin Part I

QUANTITY 1 X 55
☒ Drum ☐ Gallons ☐ Pounds ☐ Tote ☐ Cu. Yard

FREQUENCY
☐ One Time ☒ Yearly
☐ Monthly ☐ Quarterly
☐ Other _____

CONTAINER TYPE
☐ Metal ☐ Wood
☒ Poly ☐ Fiber

CONTAINER SIZE
1 X 55 Gal _____ Gal
 _____ Gal _____ Cu Yd
 _____ Gal _____ Tote

III. SPECIFIC HAZARDS Please identify all that apply

Radioactive ☐ Yes ☒ No
 Explosive ☐ Yes ☒ No
 Compressed Gas ☐ Yes ☒ No
 Dioxin or Suspect ☐ Yes ☒ No
 Water Reactive ☐ Yes ☒ No
 Shock Sensitive ☐ Yes ☒ No
 Organic Peroxide ☐ Yes ☒ No

Poison ☐ Yes ☒ No
 Carcinogen ☐ Yes ☒ No
 Infectious ☐ Yes ☒ No
 Corrosive ☐ Yes ☒ No
 Flammable ☐ Yes ☒ No
 Oxidizer ☐ Yes ☒ No
 Pyrophoric ☐ Yes ☒ No

IV. PROCESS

Describe the process generating the waste, including raw materials and final product.

UNUSED MATERIAL

☒ Unused (Attach MSDS)
☐ Used/Spent (Attach laboratory analysis)

Total of components must equal 100%

100 2/3

[illegible]

VE CHARACTERISTICS

Color Brown

PHYSICAL STATE

Percent

- ☐ Solid
☐ Sludge
☒ Liquid
☐ Gas

FLASHPOINT

- ☐ < 73°F ☒ 73°F - 140°F ☐ 140°F - 199°F
☐ 73°F - 99°F ☐ > 200°F
☐ 100°F - 139°F

Exact 145

METALS PRESENT

PPM

- | | | |
|-----------|------------------------------|--|
| Aluminum | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Antimony | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Arsenic | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Barium | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Beryllium | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Cadmium | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Chromium | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Cobalt | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Copper | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Lead | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Manganese | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Mercury | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Nickel | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Selenium | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Silver | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Thallium | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Zinc | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

Total Cyanide	ns	ppm
Reactive Cyanide	ns	ppm
Total Sulfide	ns	ppm
Reactive Sulfide	ns	ppm
TOC	Present	ppm

BTU/lb	>5000
Ash %	ns
Water %	ns
Sulfur %	ns
Chlorine %	ns
Fluorine %	ns
Bromine %	ns

Range _____
Range _____
Range _____
Range _____
Range _____
Range _____
Range _____

VAPOR PRESSURE @ 100°F

- ☒ 76.6 kPa (575 mmHg)
☐ > 76.6 kPa (575 mmHg)

Treatment One
 Division of SET Environmental, Inc.
 138 Cheswood Street - Houston, TX 77087
 13-6 710 // 800-598-7328
 Fax: 713-649-1027

TNR Permit No. HW-50267
 EPA ID No. TXD055135388

WASTESTREAM PROFILE

Reason for Change Only

Approval No.: _____
 Sales Rep: D Cozzi

Treatment/Handling Code: _____
 Disposal Accrual: _____
 Pricing: _____

GENERATOR INFORMATION

Generator ABC / NACO Inc
 Contact Al Flick
 Telephone 708/344-0675 x 379
 Fax 708/344-0284
 Mailing Address 2001 Butterfield Road, Ste 502
 City, State Zip Downers Grove, IL 60515
 Site Address 110 N 25th Ave
 City, State Zip Melrose Park, IL 60160

Broker Name SET Environmental
 Contact Shari Blanke
 Telephone 847/531-5221
 Fax 847/531-9265
 Mailing Address 450 S. Main Rd
 City, State Zip Wheeling, IL 60090

U.S. EPA ID No: ILD072317761

Texas Generator ID No. 99917

II. GENERAL WASTE INFORMATION

Wastestream Name: Waste Paint

QUANTITY 6 ☐ Tote
☒ Drum ☐ Gallons ☒ Pounds ☐ Cu. Yard

FREQUENCY
☐ One Time ☐ Yearly
☐ Monthly ☒ Quarterly
☐ Other _____

CONTAINER TYPE
☒ Metal ☐ Wood
☐ Poly ☐ Fiber

CONTAINER SIZE
55 Gal _____ Gal
_____ Gal _____ Cu Yd
_____ Gal _____ Tote

III. SPECIFIC HAZARDS Please Mark All that Apply

Radioactive ☐ Yes ☒ No
 Explosive ☐ Yes ☒ No
 Compressed Gas ☐ Yes ☒ No
 Dioxin or Suspect ☐ Yes ☒ No
 Water Reactive ☐ Yes ☒ No
 Shock Sensitive ☐ Yes ☒ No
 Organic Peroxide ☐ Yes ☒ No

Poison ☒ Yes ☒ No
 Carcinogen ☒ Yes ☒ No
 Infectious ☒ Yes ☒ No
 Corrosive ☒ Yes ☒ No
 Flammable ☒ Yes ☒ No
 Oxidizer ☒ Yes ☒ No
 Pyrophoric ☒ Yes ☒ No

Describe the process generating the waste, including raw materials and final product.
 Unused material for painting castings. See attached analysis.

☒ Unused (Attach MSDS)
☐ Used/Spent (Attach laboratory analysis)

T04 (18)

[illegible]

THE UNIVERSITY OF CHICAGO

PAGE. 03

Texas Waste Code

OUTS119H

☒ Yes ☐ No

the hazardous waste determination based on the generator's detailed knowledge of the waste?

☒ Yes ☐ No

the hazardous waste determination based on the analysis of the waste? If yes, please attach analysis.

☐ Yes ☒ No

Does this waste meet the definition of debris in 40 CFR 268.2(g)?

☒ Yes ☐ No

Is this a characteristically hazardous waste (i.e., D-Coded), does it contain any underlying hazardous constituents

☒ Yes ☐ No

is defined in 40 CFR 268.2(f)? If yes, identify each constituent and their percentages in Section V: Waste Composition:

☒ Yes ☐ No

Does this waste contain any of the EPCRA 313 chemicals identified in 40 CFR 372.65? If yes, list these chemicals, CAS#

☒ Yes ☐ No

and their percentages in Section V. Waste Composition.

☐ Yes ☒ No

Does this waste contain any of the EHS identified in section 302 of EPCRA? If yes, list these chemicals, CAS #

☐ Yes ☒ No

and their percentages in Section V. Waste Composition.

<http://www.epa.gov/swsepo/ehs/ehsaloha.htm>

☐ Yes ☒ No

Is this waste regulated under the National Emissions Standard for Benzene Waste Operations (40 CFR Part 61 Subpart F)?

☐ Yes ☒ No

[illegible]

Shipping Name Waste, Paint

Additional Descriptors

Technical Names

ERG# 128

Hazard Class	3
--------------	---

UN/NA Number UN1263

RQ

Packing Group

I hereby certify that the information identified above and attached to this profile is complete and accurate to the best of my knowledge and ability and I determine that no omissions of composition or properties exist, and that all known or suspected hazards have been disclosed. I also understand it is my responsibility to properly identify and classify my waste in accordance with USEPA, US DOT and State regulations.

A. Flick

GENERATOR'S NAME

B. Flick
SIGNATURE

SIGNATURE

MAINT. MAN9.

TITLE

7/26/01

DATA

**SET Environmental, Inc.**

450 Sumac Road
Wheeling, Illinois 60090-6382
Tel: (847) 537-9221 • Fax (847) 537-9265

Report # 3919-3127

Date: 7/18/01

Laboratory Report

Customer: ABC / NACO, Inc.

Description of Samples Received: 1 Unknown Sample for Analysis

Description of Services Rendered: Unknown Identification

* Results are furnished on the attached page(s) *

If you have any questions concerning this report, please contact the SET Laboratory staff at (847) 537-9221.


Bijan Saeedi
Lab Manager

Customer: ABC / NACO, Inc.

Unknown Identification Report

<u>Sample Number</u>	<u>Approx. Qty.</u>	<u>Chemical Name</u>
waste paint	1 qt	Water and Debris / Alkyd resin / Xylenes

Characteristics

Physical Appearance : multi-phase liquid

Solubility in water : partly

Approximate pH : 6

Oxidizer : no

Polymerizable : no

Reducer : no

Flammability potential : yes

Reactive : no

Unstable : no

- END OF REPORT -

Note: Due to the heterogeneous nature of the sample, other components may be present at trace levels.

Treatment One

Division of SET Environmental, Inc.

5738 Cheswood Street - Houston, TX 77087

713 5-8710 // 800-598-7328

Fax: 713-649-1027

TNRCC Permit No. HW-50267

EPA ID No. TXD055135388

WASTESTREAM PROFILE

Treatment One Use Only

Approval No.:

Sales Rep: D COZZI

Treatment/Handling Code:

Disposal Accrual:

Pricing:

I. GENERATOR INFORMATIONGenerator ABC / NACO INCContact AL FLICKTelephone 708/344-0675 X 379Fax 708/344-0284Mailing Address 110 N 25TH AVECity, State Zip MELROSE PARK, IL 60160Site Address SAME AS ABOVE

City, State Zip

Broker Name SET Environmental

Contact

Telephone 847/537-9221Fax 847/537-9265Mailing Address 450 Sumac RdCity, State Zip Wheeling, IL 60090

U.S. EPA ID No:

ILD072317761

Texas Generator ID No.

99917**II. GENERAL WASTE INFORMATION**

Wastestream Name:

WASTE PART 3 -
TECHNISET ACTIVATOR

FREQUENCY

☐ One Time☒ Yearly☐ Monthly☐ Quarterly☐ Other

CONTAINER TYPE

☐ Metal☐ Wood☒ Poly☐ Fiber

QUANTITY

☒ Drum☐ Gallons☐ Pounds☐ Tote☐ Cu. Yard

CONTAINER SIZE

55 Gal
Gal

Gal

Cu Yd

Tote

III. SPECIFIC HAZARDS Please identify all that apply.

Radioactive

☐ Yes☒ No

Explosive

☐ Yes☒ No

Compressed Gas

☐ Yes☒ No

Dioxin or Suspect

☐ Yes☒ No

Water Reactive

☐ Yes☒ No

Shock Sensitive

☐ Yes☒ No

Organic Peroxide

☐ Yes☒ No

Poison

☐ Yes☒ No

Carcinogen

☐ Yes☒ No

Infectious

☐ Yes☒ No

Corrosive

☐ Yes☒ No

Flammable

☐ Yes☒ No

Oxidizer

☐ Yes☒ No

Pyrophoric

☐ Yes☒ No**IV. PROCESS**

Describe the process generating the waste, including raw materials and final product.

UNUSED MATERIAL☒ Unused (Attach MSDS)☐ Used/Spent (Attach laboratory analysis)

V. WASTE COMPOSITION

Total of components must equal 100%

Components	CAS #	Average %	Range
WASTE PT 3 - TECHNISET		100	to
ACTIVATOR			to
			to
AROMATIC 150 SOLVENT	164742945	(50%)	to
• CONTAINS NAPHTHALENE	91-20-3		to
			to
4-PHENYL PROPYL PYRIDINE	2057-49-0	(25%)	to
			to
1-METHYL IMIDAZOLE	1016-47-7	(25%)	to
			to
			to
			to
			to
			to
			to
			to

VI. CHARACTERISTICS

Specific Gravity .9-1.0 Odor Hydrocarbon
 Color YELLOWISH

SICAL STATE

Percent

☐ Solid

☐ Sludge

☒ Liquid 100%

☐ Gas

FLASHPOINT

☐ < 73°F ☒ 140°F - 199°F

☐ 73°F - 99°F ☐ > 200°F

☐ 100°F - 139°F

Exact 145

LAYERING

☒ Homogeneous

☐ Bifayered

☐ Multilayered

Amount of layers 1

pH

☐ < 2 ☐ 8 to 10

☐ 2 to 4 ☐ 10 to 12.5

☐ 4 to 6 ☐ > 12.5

☐ 6 to 8

Exact N/A

METALS PRESENT

Aluminum	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	PPM
Antimony	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Arsenic	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Barium	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Beryllium	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Cadmium	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Chromium	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Cobalt	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Copper	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Lead	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Manganese	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Mercury	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Nickel	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Selenium	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Silver	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Thallium	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Zinc	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	

Total Cyanide ns ppm

Reactive Cyanide ns ppm

Total Sulfide ns ppm

Reactive Sulfide ns ppm

TOC present ppm

BTU/lb >5000 Range

Ash % ns Range

Water % ns Range

Sulfur % ns Range

Chlorine % ns Range

Fluorine % ns Range

Bromine % ns Range

VAPOR PRESSURE @ 100°F

☒ < 76.6 kPa (575 mmHg)

☐ > 76.6 kPa (575 mmHg)

VII. REGULATORY INFORMATION

Texas Waste Code

OUTS 202

Is the hazardous waste determination based on the generator's detailed knowledge of the waste?

☒ Yes ☐ No

Is hazardous waste determination based on the analysis of the waste? If yes, please attach analysis

☐ Yes ☒ No

Does this waste meet the definition of debris in 40 CFR 268.2(g)?

☐ Yes ☒ No

If this is a characteristically hazardous waste (i.e., D-Coded), does it contain any underlying hazardous constituents

☐ Yes ☒ No

as defined in 40 CFR 268.2(j)? If yes, identify each constituent and their percentages in Section V, Waste Composition.

Does this waste contain any of the EPCRA 313 chemicals identified in 40 CFR 372.65? If yes, list these chemicals, CAS # and their percentages in Section V, Waste Composition.

☐ Yes ☒ No

Does this waste contain any of the EHS identified in section 302 of EPCRA? If yes, list these chemicals, CAS #

☐ Yes ☒ No

and their percentages in Section V. Waste Composition.

<http://www.epa.gov/swercepp/ehs/ehsalph.html>

Is this waste regulated under the National Emissions Standard for Benzene Waste Operations (40 CFR Part 61 Subpart FF)?

☐ Yes ☒ No

[illegible]

RO

Shipping Name COMBUSTIBLE LIQUID, N.O.S.

Additional Descriptors

Technical Names

(NAPHTHALENE)

Hazard Class Comb LIQ

UN/NA Number 1993

RQ 100 (45.4)

Packing Group III

VII. GENERATOR'S CERTIFICATION

I hereby certify that the information identified above and attached to this profile is complete and accurate to the best of my knowledge and ability to determine that no omissions of composition or properties exist, and that all known or suspected hazards have been disclosed. I also understand it is my responsibility to properly identify and classify my waste in accordance with USEPA, US DOT and State regulations.

A. Flick

GENERATOR'S NAME

GENERATOR'S NAME
A Flick

SIGNATURE

MAINT-SUPER

TITLE

5/30/01

DATE _____

Treatment One

Division of SET Environmental, Inc.

573rd Cheswood Street - Houston, TX 77087

713-45-8710 // 800-598-7328

Fax: 713-649-1027

TNRCC Permit No. HW-50267

EPA ID No. TXD055135388

WASTESTREAM PROFILE**Treatment One Use Only**Approval No.: _____
Sales Rep: D COZZITreatment/Handling Code: _____
Disposal Accrual: _____
Pricing: _____**I. GENERATOR INFORMATION**Generator ABC / NACO INC
Contact AL FLICK
Telephone 708/344-0675 X 379
Fax 708/344-0284
Mailing Address 110 N 25TH AVE
City, State Zip MELROSE PARK, IL 60160
Site Address SAME AS ABOVE
City, State Zip _____Broker Name SET Environmental
Contact _____
Telephone 847/537-9221
Fax 847/537-9265
Mailing Address 450 Sumac Rd
City, State Zip Wheeling, IL 60090U.S. EPA ID No: ILD072317761Texas Generator ID No. 99917**II. GENERAL WASTE INFORMATION**V Wastestream Name: WASTE TECHNISET
CO REACTANT PART 2FREQUENCY _____
☐ One Time ☒ Yearly
☐ Monthly ☐ Quarterly
☐ Other _____CONTAINER TYPE _____
☐ Metal ☐ Wood
☒ Poly ☐ FiberQUANTITY _____
☒ Drum ☐ Gallons ☐ Pounds ☐ Cu. Yard
CONTAINER SIZE _____
55 Gal _____ Gal
_____ Gal _____ Cu Yd
_____ Gal _____ Tote**III. SPECIFIC HAZARDS** Please identify all that apply.Radioactive ☐ Yes ☒ No
Explosive ☐ Yes ☒ No
Compressed Gas ☐ Yes ☒ No
Dioxin or Suspect ☐ Yes ☒ No
Water Reactive ☐ Yes ☒ No
Shock Sensitive ☐ Yes ☒ No
Organic Peroxide ☐ Yes ☒ NoPoison ☐ Yes ☒ No
Carcinogen ☐ Yes ☒ No
Infectious ☐ Yes ☒ No
Corrosive ☐ Yes ☒ No
Flammable ☐ Yes ☒ No
Oxidizer ☐ Yes ☒ No
Pyrophoric ☐ Yes ☒ No**IV. PROCESS**

Describe the process generating the waste, including raw materials and final product.

UNUSED MATERIAL☒ Unused (Attach MSDS)
☐ Used/Spent (Attach laboratory analysis)

V. WASTE COMPOSITION

Total of components must equal 100%

Component	CAS #	Average %	Range
23-133 TECHNISET		100	to
CORENCTANT PT II			to
POLYMERIC DIPHENYL- METHANE DIISOCYANATE	9016-87-9	(50)	to
METHYLENE BIS(PHENYL- ISOCYANATE) (MDI)	101-68-8	(13)	to
AROMATIC PETROLEUM DISTILLATE	64742-94-5	(35)	to
CONTAINS NAPHTHALENE KEROSENE	91-20-3	(2)	to
			to
			to
			to

3/11
M12**VI. CHARACTERISTICS**Specific Gravity 1.1-1.2
Color BROWNOdor MILD SOLVENT ODOOR**PHYSICAL STATE**

- Percent
- ☐ Solid
- ☐ Sludge
- ☒ Liquid
- ☐ Gas

100**FLASHPOINT**

- ☐ < 73°F ☒ 140°F - 199°F
- ☐ 73°F - 99°F ☐ > 200°F
- ☐ 100°F - 139°F
- Exact 145

LAYERING

- ☒ Homogeneous
- ☐ Bilayered
- ☐ Multilayered

Amount of layers 1**pH**

- ☐ < 2 ☐ 8 to 10
- ☐ 2 to 4 ☐ 10 to 12.5
- ☐ 4 to 6 ☐ > 12.5
- ☒ 6 to 8
- Exact _____

METALS PRESENT

- | | | | |
|-----------|------------------------------|--|-----|
| Aluminum | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | PPM |
| Antimony | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | |
| Arsenic | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | |
| Barium | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | |
| Beryllium | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | |
| Cadmium | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | |
| Chromium | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | |
| Cobalt | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | |
| Copper | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | |
| Lead | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | |
| Manganese | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | |
| Mercury | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | |
| Nickel | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | |
| Selenium | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | |
| Silver | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | |
| Thallium | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | |
| Zinc | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | |

Total Cyanide ns ppm

Reactive Cyanide ns ppm

Total Sulfide ns ppm

Reactive Sulfide ns ppm

TOC present ppm

BTU/lb > 5000 Range _____

Ash % ns Range _____

Water % ns Range _____

Sulfur % ns Range _____

Chlorine % ns Range _____

Fluorine % ns Range _____

Bromine % ns Range _____

VAPOR PRESSURE @ 100°F

- ☐ < 76.6 kPa (575 mmHg)
- ☒ > 76.6 kPa (575 mmHg)

VI REGULATORY INFORMATION

Texas Waste Code

OUTSIDE

Is the hazardous waste determination based on the generator's detailed knowledge of the waste?

☒ Yes ☐ No

Is hazardous waste determination based on the analysis of the waste? If yes, please attach analysis.

☐ Yes ☒ No

Does this waste meet the definition of debris in 40 CFR 268.2(g)?

☐ Yes ☒ No

If this is a characteristically hazardous waste (i.e., D-Coded), does it contain any underlying hazardous constituents as defined in 40 CFR 268.2(i)? If yes, identify each constituent and their percentages in Section V. Waste Composition.

☐ Yes ☒ No

Does this waste contain any of the EPCRA 313 chemicals identified in 40 CFR 372.65? If yes, list these chemicals, CAS # and their percentages in Section V. Waste Composition.

☐ Yes ☒ No

Does this waste contain any of the EHS identified in section 302 of EPCRA? If yes, list these chemicals, CAS # and their percentages in Section V. Waste Composition. <http://www.epa.gov/swercepp/ehs/ehsalph.html>

☐ Yes ☒ No

Is this waste regulated under the National Emissions Standard for Benzene Waste Operations (40 CFR Part 61 Subpart FF)?

☐ Yes ☒ No

[illegible]

Shipping Name **COMBUSTIBLE LIQUID, N.O.S.** Additional Descriptors

Technical Names

(NAPHTHALENE)

Hazard Class **COMB LIG**

UNINA Number 1993

RQ 10/15/54

Packing Group TIL

VII. GENERATOR'S CERTIFICATION

I hereby certify that the information identified above and attached to this profile is complete and accurate to the best of my knowledge and ability to determine that no omissions of composition or properties exist, and that all known or suspected hazards have been disclosed. I also understand it is my responsibility to properly identify and classify my waste in accordance with USEPA, US DOT and State regulations.

GENERATOR'S NAME

TITLE

SIGNATURE

DATE _____

 **Treatment One**
Division of SET Environmental, Inc.
5738 Meswood Street - Houston, TX 77087
713-645-8710 // 800-598-7328
Fax: 713-649-1027

TNRCC Permit No. HW-50267
EPA ID No. TXD055135388

WASTESTREAM PROFILE

Treatment One Use Only

Approval No.: _____
Sales Rep: 70

Treatment/Handling Code: _____
Disposal Accrual: _____
Pricing: _____

I. GENERATOR INFORMATION

Generator National Castings, Inc.
Contact Al Flick
Telephone (708) 344-0675
Fax (708) 344-0284
Mailing Address 110 N. 25th Ave.
City, State Zip Melrose Park, IL 60160
Site Address Same
City, State Zip _____

Broker Name SET Environmental, Inc.
Contact Liz Marble
Telephone (847) 537-9221
Fax (847) 537-9265
Mailing Address 450 Sumac Road
City, State Zip Wheeling, IL 60090

U.S. EPA ID No: ILD072317761

Texas Generator ID No. 99917

II. GENERAL WASTE INFORMATION

Wastestream Name: Waste Compressor Oil

FREQUENCY _____
☐ One Time ☒ Yearly
☐ Monthly ☐ Quarterly
☐ Other _____

CONTAINER TYPE _____
☒ Metal ☐ Wood
☒ Poly ☐ Fiber

QUANTITY 2 ☐ Tote
☒ Drum ☐ Gallons ☐ Pounds ☐ Cu. Yard

CONTAINER SIZE _____
_____ Gal 55 Gal
_____ Gal _____ Cu Yd
_____ Gal _____ Tote

III. SPECIFIC HAZARDS Please identify all that apply.

Radioactive ☐ Yes ☒ No
Explosive ☐ Yes ☒ No
Compressed Gas ☐ Yes ☒ No
Dioxin or Suspect ☐ Yes ☒ No
Water Reactive ☐ Yes ☒ No
Shock Sensitive ☐ Yes ☒ No
Organic Peroxide ☐ Yes ☒ No

Poison ☐ Yes ☒ No
Carcinogen ☐ Yes ☒ No
Infectious ☐ Yes ☒ No
Corrosive ☐ Yes ☒ No
Flammable ☐ Yes ☒ No
Oxidizer ☐ Yes ☒ No
Pyrophoric ☐ Yes ☒ No

IV. PROCESS

Describe the process generating the waste, including raw materials and final product.

Drawn from compressors.

☐ Unused (Attach MSDS)
☒ Used/Spent (Attach laboratory analysis)



STATE OF ILLINOIS

ENVIRONMENTAL PROTECTION AGENCY DIVISION OF LAND POLLUTION CONTROL

P.O. BOX 19276

SPRINGFIELD, ILLINOIS 62794-9276 (217) 782-6761

State Form LPC 62 5/81

IL532-0610

FOR SHIPMENT OF HAZARDOUS
AND SPECIAL WASTE

PLEASE TYPE

(Form designed for use on elite (12-pitch) typewriter)

EPA Form 8700-22 (Rev. 6-89)

Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. 1LD072317761		Manifest Document No. 52925		2. Page 1 of 1		Information in the shaded areas is not required by Federal law, but is required by Illinois law.					
3. Generator's Name and Mailing Address NATIONAL CASTING, INC. 110 NORTH 25TH AVENUE MELROSE PARK, IL 60160						A. Illinois Manifest Document Number IL 9352925 FEE PAID IF APPLICABLE							
4. 24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS: 847-537-9221						B. Generator's IL ID Number 0311860012							
5. Transporter 1 Company Name SET ENVIRONMENTAL, INC.						C. Transporter's ID Number UPW-232773-IL							
6. US EPA ID Number ILD981957236						D. Transporter's Phone (847) 537-9221							
7. Transporter 2 Company Name						E. Transporter's ID Number							
8. US EPA ID Number						F. Transporter's Phone ()							
9. Designated Facility Name and Site Address BEAVER OIL CO., INC. 6037 LENZI AVENUE HODGKINS, IL 60525						G. Facility's IL ID Number 0311260001							
10. US EPA ID Number ILD064418353						H. Facility's Phone (708) 354-4040							
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)						12. Containers No. Type		13. Total Quantity		14. Unit Wt/Vol		15. Waste No.	
a. NOT HAZARDOUS BY DOT						009 DM						EPA HW Number	
b. NOT HAZARDOUS BY DOT						001 DM						EPA HW Number	
c. NOT HAZARDOUS BY DOT						001 DM						EPA HW Number	
d.												EPA HW Number	
J. Additional Description for Materials Listed Above: 11a. WASTE OIL # 4x55 11b. WASTE OIL # 1x55, 1x85 11c. WASTE OIL, 1x85						K. Handling Codes for Wastes Listed Above In Item #14 66330199							
15. Special Handling Instructions and Additional Information 11a. GENERATOR'S PHONE # (708)344-0675													
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.													
Printed/Typed Name A. F. Link						Signature A. F. Link						Date 07/15/01	
17. Transporter 1 Acknowledgement of Receipt of Materials												Date	
Printed/Typed Name Jim Williams ON BEHALF OF SET						Signature Jim Williams						Date 07/18/01	
18. Transporter 2 Acknowledgement of Receipt of Materials												Date	
Printed/Typed Name						Signature						Date	
19. Discrepancy Indication Space													
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.												Date	
Printed/Typed Name Lee Fahn						Signature Lee Fahn						Date 07/25/01	

This Agency is authorized to require, pursuant to Illinois Revised Statute, 1989, Chapter 111 1/2, Section 1004 and 1021, that this information be submitted to the Agency. Failure to provide this information may result in a civil penalty against the owner or operator not to exceed \$25,000 per day of violation. Falsification of this information may result in a fine up to \$50,000 per day of violation and imprisonment up to 5 years. This form has been approved by the Forms Management Center.

COPY 3. TSD COPY

In case of a spill call the Illinois Office of Emergency Response at 217/782-7860 and the National Response Center at 800/424-8802 or 202/426-2675.

V. WASTE COMPOSITION

Total of components must equal 100%

[illegible]

VI. CHARACTERISTICS

Specific Gravity 0.8
Color Brown

Odor None

PHYSICAL STATE

Percent

- ☐ Solid
☐ Sludge
☒ Liquid
☐ Gas

100

FLASHPOINT

- ☐ < 73°F ☐ 140°F - 199°F
☐ 73°F - 99°F ☒ > 200°F
☐ 100°F - 139°F

Exact

LAYERING

- ☒ Homogeneous
- ☐ Bilayered
- ☐ Multilayered

Amount of layers

OH

- ☐ < 2 ☐ 8 to 10
☐ 2 to 4 ☐ 10 to 12.5
☐ 4 to 6 ☐ > 12.5
☒ 6 to 8

Exact

METALS PRESENT

PPM

- | | | |
|-----------|------------------------------|--|
| Aluminum | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Antimony | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Arsenic | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Barium | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Beryllium | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Cadmium | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Chromium | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Cobalt | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Copper | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Lead | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Manganese | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Mercury | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Nickel | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Selenium | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Silver | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Thallium | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Zinc | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

Total Cyanide	None	ppm
Reactive Cyanide	None	ppm
Total Sulfide	None	ppm
Reactive Sulfide	None	ppm
TOC	Present	ppm

BTU/lb	>10000
Ash %	Present
Water %	None
Sulfur %	None
Chlorine %	None
Fluorine %	None
Bromine %	None

Range _____
Range _____
Range _____
Range _____
Range _____
Range _____
Range _____

R PRESSURE @ 100°F

- ☒ $< 76.6 \text{ kPa (575 mmHg)}$
☐ $> 76.6 \text{ kPa (575 mmHg)}$

VII. REGULATORY INFORMATION																																																																							
Texas Waste Code		OUTS2061																																																																					
Is this hazardous waste determination based on the generator's detailed knowledge of the waste?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																																																																					
Is the hazardous waste determination based on the analysis of the waste? If yes, please attach analysis.		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																																																																					
Does this waste meet the definition of debris in 40 CFR 268.2(g)?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																																																					
If this is a characteristically hazardous waste (i.e., D-Coded), does it contain any underlying hazardous constituents as defined in 40 CFR 268.2(j)? If yes, identify each constituent and their percentages in Section V. Waste Composition.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																																																					
Does this waste contain any of the EPCRA 313 chemicals identified in 40 CFR 372.65? If yes, list these chemicals, CAS # and their percentages in Section V. Waste Composition.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																																																					
Does this waste contain any of the EHS identified in section 302 of EPCRA? If yes, list these chemicals, CAS # and their percentages in Section V. Waste Composition. http://www.epa.gov/swercepp/ehs/ehsalph.html		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																																																					
Is this waste regulated under the National Emissions Standard for Benzene Waste Operations (40 CFR Part 61 Subpart FF)?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																																																					
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">EPA Hazardous Waste No.</th> <th style="width: 80%;">Subcategory</th> </tr> </thead> <tbody> <tr><td> </td><td>NR</td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>		EPA Hazardous Waste No.	Subcategory		NR																															<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">EPA Hazardous Waste No.</th> <th style="width: 80%;">Subcategory</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>		EPA Hazardous Waste No.	Subcategory																																
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EPA Hazardous Waste No.	Subcategory																																																																						
Shipping Name <u>Not Regulated</u>		Additional Descriptors _____																																																																					
Technical Names _____		_____																																																																					
Hazard Class 	UN/NA Number 	RQ 	Packing Group 																																																																				

I hereby certify that the information identified above and attached to this profile is complete and accurate to the best of my knowledge and ability to determine that no omissions of composition or properties exist, and that all known or suspected hazards have been disclosed. I also understand it is my responsibility to properly identify and classify my waste in accordance with USEPA, US DOT and State regulations.

X _____
TITLE

X _____
DATE

**First
Environmental
Laboratories, Inc.**

1600 Shore Road • Naperville, Illinois 60563 • Phone (630) 778-1200 • Fax (630) 778-1233
IEPA Certification #100292

April 27, 2001

Ms. Liz Marble
SET ENVIRONMENTAL, INC.
450 Sumac Road
Wheeling, IL 60090

Post-it® Fax Note	7671	Date	4/27	# of pages	5
To	Liz	From	Bill		
Co./Dept.		Co.			
Phone #		Phone #			
Fax #		Fax #			

Project ID: National Castings
First Environmental File ID: 30737-40
Date Received: April 20, 2001

Dear Ms. Marble:

The above referenced samples were analyzed as per your request form.

PROJECT SUMMARY

Analyses were performed in accordance with the methods found in the USEPA publications: Test Methods for Evaluating Solid Waste, Physical/Chemical Methods, SW-846, 3rd Edition, December 1996. Specific method references are listed on the Analytical Report.

It has been a pleasure providing you with analytical services. Should you have any questions or need additional information, please contact me at (630) 778-1200.

Sincerely,

William H. Mottashed
Project Manager

**First
Environmental
Laboratories, Inc.**

1600 Shore Road • Naperville, Illinois 60563 • Phone (630) 778-1200 • Fax (630) 778-1233
IEPA Certification #100292

Analytical Report

Client: SET ENVIRONMENTAL
Project ID: National Castings
Sample Number: 30740
Sample Description: Waste Compressor Oil
Lab File ID: 30737-40

Date Received: 04/20/01
Date Taken: 04/20/01
Time Taken: Not Provided
Date Reported: 04/27/01

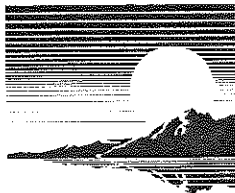
Analyte	Result	Units	Flags
---------	--------	-------	-------

PCBs Method 3580A/8082

Preparation Date: 04/26/01

Analysis Date: 04/26/01

Aroclor 1016	< 1.0	mg/kg	
Aroclor 1221	< 1.0	mg/kg	
Aroclor 1232	< 1.0	mg/kg	
Aroclor 1242	< 1.0	mg/kg	
Aroclor 1248	< 1.0	mg/kg	
Aroclor 1254	< 1.0	mg/kg	
Aroclor 1260	< 1.0	mg/kg	



**First
Environmental
Laboratories, Inc.**

1600 Shore Road • Naperville, Illinois 60563 • Phone (630) 778-1200 • Fax (630) 778-1233
IEPA Certification #100292

Analytical Report

Client: SET ENVIRONMENTAL
Project ID: National Castings
Sample Number: 30737
Sample Description: Oil Switches 1&2
Lab File ID: 30737-40

Date Received: 04/20/01
Date Taken: 04/20/01
Time Taken: Not Provided
Date Reported: 04/27/01

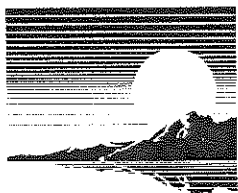
Analyte	Result	Units	Flags
---------	--------	-------	-------

PCBs Method 3580A/8082

Preparation Date: 04/26/01

Analysis Date: 04/26/01

Aroclor 1016	< 1.0	mg/kg	
Aroclor 1221	< 1.0	mg/kg	
Aroclor 1232	< 1.0	mg/kg	
Aroclor 1242	< 1.0	mg/kg	
Aroclor 1248	< 1.0	mg/kg	
Aroclor 1254	< 1.0	mg/kg	
Aroclor 1260	< 1.0	mg/kg	



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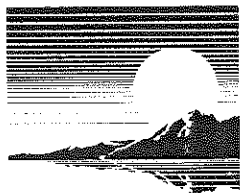
1600 Shore Road • Naperville, Illinois 60563 • Phone (630) 778-1200 • Fax (630) 778-1233
IEPA Certification #100292

Analytical Report

Client: SET ENVIRONMENTAL
Project ID: National Castings
Sample Number: 30738
Sample Description: Transformer #3
Lab File ID: 30737-40

Date Received: 04/20/01
Date Taken: 04/20/01
Time Taken: Not Provided
Date Reported: 04/27/01

Analyte	Result	Units	Flags
PCBs Method 3580A/8082			
Preparation Date:	04/26/01		
Analysis Date:	04/26/01		
Aroclor 1016	< 1.0	mg/kg	
Aroclor 1221	< 1.0	mg/kg	
Aroclor 1232	< 1.0	mg/kg	
Aroclor 1242	< 1.0	mg/kg	
Aroclor 1248	< 1.0	mg/kg	
Aroclor 1254	< 1.0	mg/kg	
Aroclor 1260	< 1.0	mg/kg	



**First
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Laboratories, Inc.**

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IEPA Certification #100292

Analytical Report

Client: SET ENVIRONMENTAL
Project ID: National Castings
Sample Number: 30739
Sample Description: Waste Oil
Lab File ID: 30737-40

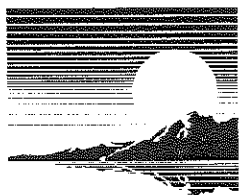
Date Received: 04/20/01
Date Taken: 04/20/01
Time Taken: Not Provided
Date Reported: 04/27/01

Analyte	Result	Units	Flags
---------	--------	-------	-------

PCBs Method 3580A/8082

Preparation Date: 04/26/01
Analysis Date: 04/26/01

Aroclor 1016	< 1.0	mg/kg	
Aroclor 1221	< 1.0	mg/kg	
Aroclor 1232	< 1.0	mg/kg	
Aroclor 1242	< 1.0	mg/kg	
Aroclor 1248	< 1.0	mg/kg	
Aroclor 1254	< 1.0	mg/kg	
Aroclor 1260	< 1.0	mg/kg	



**First
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IEPA Certification #100292

Analytical Report

Client: SET ENVIRONMENTAL
Project ID: National Castings
Sample Number: 30740
Sample Description: Waste Compressor Oil
Lab File ID: 30737-40

Date Received: 04/20/01
Date Taken: 04/20/01
Time Taken: Not Provided
Date Reported: 04/27/01

Analyte	Result	Units	Flags
---------	--------	-------	-------

PCBs Method 3580A/8082

Preparation Date: 04/26/01
Analysis Date: 04/26/01

Aroclor 1016	< 1.0	mg/kg	
Aroclor 1221	< 1.0	mg/kg	
Aroclor 1232	< 1.0	mg/kg	
Aroclor 1242	< 1.0	mg/kg	
Aroclor 1248	< 1.0	mg/kg	
Aroclor 1254	< 1.0	mg/kg	
Aroclor 1260	< 1.0	mg/kg	

EQ Tracking # _____

A WASTE CHARACTERIZATION REPORT

TO EXPEDITE YOUR WASTE APPROVAL, PLEASE COMPLETE THIS FORM ENTIRELY

Please Choose One EQ Management Facility

- ☒ **Michigan Disposal Waste Treatment Plant** 49350 N. I-94 Service Drive Belleville, MI 48111 EPA ID # MID 000 724 881
(Stabilization and Treatment) Phone: 800-592-5489 Fax: 800-592-5329
- ☐ **Wayne Disposal, Inc. Site #2 Landfill** 49350 N. I-94 Service Drive Belleville, MI 48111 EPA ID # MID 048 090 633
(Hazardous & Chemical Waste Landfill) Phone: 800-592-5489 Fax: 800-592-5329
- ☐ **Michigan Recovery Systems, Inc.** 36345 Van Born Road Romulus, MI 48174 EPA ID # MID 060 975 844
(Solvent Recycling, Fuel Blending, WW Treatment) Phone: 800-521-0998 Fax: 734-326-9375
- ☐ **EQIS - Transfer & Processing** 1010 Old Rawsonville Road Ypsilanti, MI 48197 EPA ID # MIR 000 033 969
(Drum Transfer/Non-Hazardous Liquid Processing) Phone: 734-547-1000 Fax: 734-480-9195

Section 1 - Generator & Customer Information

SIC # _____

Generator EPA ID #: 1L0072317761

Generator: National Castings, Inc.

Facility Address: 110 N. 25th Ave.

City: Melrose Park State: IL Zip: 60160

County: _____

Mailing Add.(if diff.): Same

City: _____ State: _____ Zip: _____

Generator Contact: Al Flick

Title: _____

Phone: (708) 344-0675 Fax: (708) 344-0284

EQ Customer No _____

Invoicing Company SET Environmental

Address 450 Sumac Road

City Wheeling State IL Zip 60090

Country United States

Invoicing Contact Star Gonzalez

Phone 847-537-9221 Fax 847-537-9265

Technical Contact Liz Marble

Phone 847-537-9221 Fax 847-537-9265

Section 2 - Shipping and Packaging Information

- 2.1) Shipping volume: 1 pallet
- 2.2) Shipping frequency: ☒ One Time Only ☐ Annual

2.2) DOT shipping name

Not Regulated

2.3) Packaging: (check all that apply)

- ☐ Bulk Solid (Yd³ < 2000 lbs/yd³)
- ☐ Bulk Solid (Ton > 2000 lbs/yd³)
- ☐ Bulk Liquids (Gallons)
- ☐ Cubic Yard Boxes
- ☐ Drums

☒ Other (palletized, 5 gal. pails, etc.) Pallet

Quoted bulk disposal charges for solid materials will be billed by the cubic yd., if waste density is less than 2,000 lbs. per cubic yd. If waste density is greater than 2,000 lbs. per cubic yd., then bulk disposal charges will be billed by the ton regardless of the approved container.

Section 3 - Physical Characteristics

WASTE COMMON NAME:

Non-PCB Transformer #3, Drained

- 3.1) Color (describe): _____
- 3.2) Odor (describe): _____
- 3.3) Physical state at 70 °F: (check all that apply)
- ☒ Solid ☐ Dust ☐ Liquid ☐ Sludge

3.4) Does this waste contain?: (check all that apply)

- ☐ Free Liquids ☐ Metal fines ☐ Powders
- ☒ Oily residue ☐ Biodegradable sorbants ☐ NONE

3.5) Does this waste contain?: (check all that apply) ☒ NONE

- ☐ Asbestos - friable ☐ Pyrophoric waste
- ☐ Asbestos - non-friable ☐ Reactive waste
- ☐ Dioxins ☐ Shock Sensitive waste
- ☐ Furans ☐ Radioactive waste
- ☐ Biohazard ☐ Explosives

3.6) Describe the composition of the waste (i.e. key chemical compounds, soil, water, ppe, debris, etc.):

Transformer Carcass, Drained to 100%

_____ to _____%

_____ to _____%

_____ to _____%

_____ to _____%

(Analysis Attached) Total = 100 %

3.7) Does this waste contain >50% contaminated soil?

☐ Yes ☒ No

3.8) Does this waste contain >50% debris by volume?
(debris is greater than 2.5 inches in size)

☐ Yes ☒ No

Section 4 - Generating Process and Regulatory Information

4.1) Provide a detailed description of the process(es) generating this waste (attach flow diagram if available):

Transformer taken out of service and drained.

Based upon RCRA waste regulations (40 CFR 261) and Michigan Act 451 Rules:

Waste Code(s)

- 4.2) Is this an EPA RCRA listed hazardous waste (F, K, P or U)? ☐ Yes ☒ No
- 4.3) Is this a MICHIGAN hazardous waste (Other than RCRA)? ☐ Yes ☒ No
- 4.4) Is this a MICHIGAN nonhazardous liquid industrial waste? ☐ Yes ☒ No
- 4.5) Is this a UNIVERSAL waste? ☐ Yes ☒ No
- 4.6) Does this waste exceed LDR treatment standards? ☐ Yes ☒ No
- 4.7) Is this an EPA RCRA characteristic hazardous waste (D001-D043)? ☐ Yes ☒ No
- 4.8) What is the flash point of this waste? ☐ <90°F ☐ 90-140°F ☐ 140-199°F ☒ >200°F
- 4.9) Is the waste an oxidizer? ☐ Yes ☒ No
- 4.10) What is the pH of this waste? ☐ <2 ☐ 2-4.9 ☒ 5-10 ☐ 10.1-12.4 ☐ ≥12.5
- 4.11) Does this waste contain reactive cyanide ≥ 250 ppm? ☐ Yes ☒ No
- 4.12) Does this waste contain reactive sulfide ≥ 500 ppm? ☐ Yes ☒ No
- 4.13) Is the waste surcharge exempt? (attach surcharge form) ☐ Yes ☒ No

Code	Regulatory Level	Concentration	Code	Regulatory Level	Concentration
	TCLP (mg/L)	(if above)		TCLP (mg/L)	(if above)
D004 Arsenic	5	<input checked="" type="checkbox"/> Below <input type="checkbox"/> Above	D024 m-Cresol	200	<input checked="" type="checkbox"/> Below <input type="checkbox"/> Above
D005 Barium	100	<input checked="" type="checkbox"/> Below <input type="checkbox"/> Above	D025 p-Cresol	200	<input checked="" type="checkbox"/> Below <input type="checkbox"/> Above
D006 Cadmium	1	<input checked="" type="checkbox"/> Below <input type="checkbox"/> Above	D026 Cresols	200	<input checked="" type="checkbox"/> Below <input type="checkbox"/> Above
D007 Chromium	5	<input checked="" type="checkbox"/> Below <input type="checkbox"/> Above	D027 1,4-Dichlorobenzene	7.5	<input checked="" type="checkbox"/> Below <input type="checkbox"/> Above
D008 Lead	5	<input checked="" type="checkbox"/> Below <input type="checkbox"/> Above	D028 1,2-Dichloroethane	0.5	<input checked="" type="checkbox"/> Below <input type="checkbox"/> Above
D009 Mercury	0.2	<input checked="" type="checkbox"/> Below <input type="checkbox"/> Above	D029 1,1-Dichloroethylene	0.7	<input checked="" type="checkbox"/> Below <input type="checkbox"/> Above
D010 Selenium	1	<input checked="" type="checkbox"/> Below <input type="checkbox"/> Above	D030 2,4-Dinitrotoluene	0.13	<input checked="" type="checkbox"/> Below <input type="checkbox"/> Above
D011 Silver	5	<input checked="" type="checkbox"/> Below <input type="checkbox"/> Above	D031 Heptachlor	0.008	<input checked="" type="checkbox"/> Below <input type="checkbox"/> Above
D012 Endrin	0.02	<input checked="" type="checkbox"/> Below <input type="checkbox"/> Above	D032 Hexachlorobenzene	0.13	<input checked="" type="checkbox"/> Below <input type="checkbox"/> Above
D013 Lindane	0.4	<input checked="" type="checkbox"/> Below <input type="checkbox"/> Above	D033 Hexachlorobutadiene	0.5	<input checked="" type="checkbox"/> Below <input type="checkbox"/> Above
D014 Methoxychlor	10	<input checked="" type="checkbox"/> Below <input type="checkbox"/> Above	D034 Hexachloroethane	3.0	<input checked="" type="checkbox"/> Below <input type="checkbox"/> Above
D015 Toxaphene	0.5	<input checked="" type="checkbox"/> Below <input type="checkbox"/> Above	D035 Methyl Ethyl Ketone	200	<input checked="" type="checkbox"/> Below <input type="checkbox"/> Above
D016 2,4-D	10	<input checked="" type="checkbox"/> Below <input type="checkbox"/> Above	D036 Nitrobenzene	2	<input checked="" type="checkbox"/> Below <input type="checkbox"/> Above
D017 2,4,5-TP(Silvex)	1	<input checked="" type="checkbox"/> Below <input type="checkbox"/> Above	D037 Pentachlorophenol	100	<input checked="" type="checkbox"/> Below <input type="checkbox"/> Above
D018 Benzene	0.5	<input checked="" type="checkbox"/> Below <input type="checkbox"/> Above	D038 Pyridine	5	<input checked="" type="checkbox"/> Below <input type="checkbox"/> Above
D019 Carbon Tetrachloride	0.5	<input checked="" type="checkbox"/> Below <input type="checkbox"/> Above	D039 Tetrachloroethylene	0.7	<input checked="" type="checkbox"/> Below <input type="checkbox"/> Above
D020 Chlordane	0.03	<input checked="" type="checkbox"/> Below <input type="checkbox"/> Above	D040 Trichloroethylene	0.5	<input checked="" type="checkbox"/> Below <input type="checkbox"/> Above
D021 Chlorobenzene	100	<input checked="" type="checkbox"/> Below <input type="checkbox"/> Above	D041 2,4,5-Trichlorophenol	400	<input checked="" type="checkbox"/> Below <input type="checkbox"/> Above
D022 Chloroform	6.0	<input checked="" type="checkbox"/> Below <input type="checkbox"/> Above	D042 2,4,6-Trichlorophenol	2	<input checked="" type="checkbox"/> Below <input type="checkbox"/> Above
D023 o-Cresol	200	<input checked="" type="checkbox"/> Below <input type="checkbox"/> Above	D043 Vinyl Chloride	0.2	<input checked="" type="checkbox"/> Below <input type="checkbox"/> Above

4.14) The hazardous constituent information is based on:

☐ Analysis (Please attach for review) ☐ Generator Knowledge ☒ Both

4.15) If this is a characteristic (D-coded) hazardous waste, does it contain underlying hazardous constituents (List in Section 5)?

☐ Yes ☐ No ☒ N/A**Section 5 - Constituent Information**

Review the following items in the EQ Resource Guide and indicate their concentrations below:

- 1) MVOC (Michigan Volatile Organic Compounds) 2) CCVOC (Subpart CC Volatile Organic Compounds)
- 3) UHC (Underlying Hazardous Constituents) 4) TRI (Toxic Release Inventory Constituents)

Indicate all constituents in your waste stream, their concentrations, and circle Yes or No for UHC:

UHC?	
Yes-No	
Yes-No	
Yes-No	

UHC?	
Yes-No	
Yes-No	
Yes-No	

Section 6 - PCB & TSCA Information

- 6.1) What is the concentration of PCBs in the waste? ☒ None ☐ 0-5 ppm ☐ 6-49 ppm ☐ 50-499 ppm ☐ 500+ppm
- 6.2) Does the waste contain PCB contamination from a source with a concentration ≥ 50 ppm? ☐ Yes ☒ No
- 6.3) Does this waste contain free liquids? (use paint filter test) ☐ Yes ☒ No
- 6.4) Has this waste been processed into a non-liquid form? *Non-PCB* ☐ Yes ☐ No
- If yes, what was the concentration of PCBs prior to processing? ☐ N/A ☐ 0-499 ppm ☐ 500+ ppm
- 6.5) Is the non-liquid PCB waste in the form of soil, rags, debris, or other contaminated media? ☐ Yes ☐ No
- 6.6) Are you a PCB capacitor manufacturer or a PCB equipment manufacturer? ☐ Yes ☐ No
- 6.7) Has the PCB Article (e.g., transformer, hydraulic machine, PCB-contaminated electrical equipment) been drained/flushed of all PCBs and decontaminated in accordance with 40 CFR 761.60(b)? ☐ N/A ☐ Yes ☐ No

Section 7 - Benzene NESHA P Information**NESHAP SIC
CODES**

2812 2836 2875
2813 2841 2879
2816 2842 2891
2819 2843 2892
2821 2844 2893
2822 2851 2895
2823 2861 2899
2824 2865 2911
2833 2869 3312
2834 2873 4953
2835 2874 9511

- 7.1) Does the waste stream come from a facility with one of the SIC codes listed under NESHA P? ☐ Yes ☒ No
- 7.2) Does your company manage wastes from facilities with Total Annual Benzene (TAB) ≥ 10 Mg/year? ☐ Yes ☒ No
- If you answered "NO" to question 7.1 AND 7.2 please skip to Section 8.
- 7.3) Does the waste contain >10 % water? ☐ Yes ☐ No
- 7.4) What is the TAB quantity for your facility? _____ Mg/Year
- 7.5) Does the waste contain >1.0 mg/kg total Benzene? ☐ Yes ☐ No
- 7.6) What is the total Benzene concentration in your waste? _____ percent or _____ ppmw.
(Do not use TCLP analytical results. Acceptable laboratory methods include 8020, 8240, 8260, 602, and 624.)

Section 8 - Waste Constituent Information→ COMPLETE FOR MICHIGAN DISPOSAL WASTE TREATMENT PLANT, WAYNE DISPOSAL, AND EQS T&P

- 8.1) Does this waste contain any "Potentially Odorous Constituents" as defined in the EQ Resource Guide? ☐ Yes ☒ No
- 8.2) Does this waste contain any MVOC constituents as defined in the EQ Resource Guide? ☐ Yes ☒ No
- 8.3) Is this waste subject to Subpart CC regulation (i.e., contain ≥ 500 ppm (VOCs) Volatile Organic Compounds)? ☐ Yes ☒ No
- If 8.1, 8.2 or 8.3 is "yes"--please indicate the constituents and their concentrations in the table provided in Section 5

Section 9 - Reclamation/Recycling/Fuel Blending→ Complete for Michigan Recovery Systems ONLY

- 9.1) Heat value (BTU/lb): _____ Chlorine(%): _____ Water (%): _____ Solids (%): _____
- 9.2) Is this material a recoverable petroleum product? ☐ Yes ☐ No
- 9.3) Is this material for wastewater treatment? ☐ Yes ☐ No
- If 9.1 or 9.2 is "yes"--please attach the Wastewater Addendum Form found in the EQ Resource Guide.

Section 10 - Certification

I certify that all information (including attachments) is complete and factual and is an accurate representation of the known and suspected hazards, pertaining to the waste described herein. I authorize EQ's Resource Team to add supplemental information to the waste approval file, provided I am contacted and give verbal permission. I authorize EQ's Resource Team to obtain a sample from any waste shipment for purposes of verification and confirmation. I agree that, if EQ approves the waste described herein, all such wastes that are transported, delivered, or tendered to EQ by Generator or on Generator's behalf shall be subject to, and Generator shall be bound by, the attached Standard Terms and Conditions.

Generator Signature *X* _____ Printed Name *X* _____

Company *X* _____ Title *X* _____ Date *X* _____

The generator's signature must appear on the EQ Waste Characterization Report. If the generator has authorized a third-party to certify this document, a written notice (on generator letterhead) must accompany this submittal.

Though the EQ Resource Team is authorized to make certain modifications to the information provided on this form, the addition or removal of waste codes and waste constituents must be documented by the generator.

EQ Tracking # _____

A WASTE CHARACTERIZATION REPORT

TO EXPEDITE YOUR WASTE APPROVAL, PLEASE COMPLETE THIS FORM ENTIRELY

Please Choose One EQ Management Facility

- ☒ **Michigan Disposal Waste Treatment Plant** (Stabilization and Treatment) 49350 N. I-94 Service Drive Belleville, MI 48111 EPA ID # MID 000 724 831
Phone: 800-592-5489 Fax: 800-592-5329
- ☐ **Wayne Disposal, Inc. Site #2 Landfill** (Hazardous & Chemical Waste Landfill) 49350 N. I-94 Service Drive Belleville, MI 48111 EPA ID # MID 048 090 633
Phone: 800-592-5489 Fax: 800-592-5329
- ☐ **Michigan Recovery Systems, Inc.** (Solvent Recycling, Fuel Blending, WW Treatment) 36345 Van Born Road Romulus, MI 48174 EPA ID # MID 060 975 844
Phone: 800-521-0998 Fax: 734-326-9375
- ☐ **EQIS - Transfer & Processing** (Drum Transfer/Non-Hazardous Liquid Processing) 1010 Old Rawsonville Road Ypsilanti, MI 48197 EPA ID # MIR 000 033 969
Phone: 734-547-1000 Fax: 734-480-9195

Section 1 - Generator & Customer Information

SIC # _____

Generator EPA ID #: 16D072317761

Generator: National Castings, Inc.

Facility Address: 110 N. 25th Ave

City: Melrose Park State: IL Zip: 60160

County: _____

Mailing Add.(if diff.): Same

City: _____ State: _____ Zip: _____

Generator Contact: Al Flick

Title: _____

Phone: (708) 344-0675 Fax: (708) 344-0284

EQ Customer No _____

Invoicing Company SET Environmental

Address 450 Sumac Road

City Wheeling State IL Zip 60090

Country United States

Invoicing Contact Star Gonzalez

Phone 847-537-9221 Fax 847-537-9265

Technical Contact Liz Marbie

Phone 847-537-9221 Fax 847-537-9265

Section 2 - Shipping and Packaging Information

- 2.1) Shipping volume: 2 oil switches
- 2.2) Shipping frequency: ☒ One Time Only ☐ Annual

2.2) DOT shipping name
Not Regulated

2.3) Packaging : (check all that apply)

- ☐ Bulk Solid (Yd³ < 2000 lbs/yd³)
- ☐ Bulk Solid (Ton > 2000 lbs/yd³)
- ☐ Bulk Liquids (Gallons)
- ☐ Cubic Yard Boxes
- ☐ Drums
- ☐ Other (palletized, 5 gal. pails, etc.) _____

Quoted bulk disposal charges for solid materials will be billed by the cubic yd., if waste density is less than 2,000 lbs. per cubic yd. If waste density is greater than 2,000 lbs. per cubic yd., then bulk disposal charges will be billed by the ton regardless of the approved container.

Section 3 - Physical Characteristics

WASTE COMMON NAME:

NON PCB OIL SWITCHES 1 & 2

- 3.1) Color (describe): _____
- 3.2) Odor (describe): _____
- 3.3) Physical state at 70 °F: (check all that apply)
- ☒ Solid ☐ Dust ☐ Liquid ☐ Sludge
- 3.4) Does this waste contain?: (check all that apply)
- ☐ Free Liquids ☐ Metal fines ☐ Powders
- ☒ Oily residue ☐ Biodegradable sorbants ☐ NONE
- 3.5) Does this waste contain?: (check all that apply) ☒ NONE
- ☐ Asbestos - friable ☐ Pyrophoric waste
- ☐ Asbestos - non-friable ☐ Reactive waste
- ☐ Dioxins ☐ Shock Sensitive waste
- ☐ Furans ☐ Radioactive waste
- ☐ Biohazard ☐ Explosives

3.6) Describe the composition of the waste (i.e. key chemical compounds, soil, water, ppe, debris, etc.):

Oil Switches, drained _____ to 100%

_____ to _____%

_____ to _____%

_____ to _____%

_____ to _____%

(Analysis Attached) Total = 100 %

3.7) Does this waste contain >50% contaminated soil?

☐ Yes ☒ No

3.8) Does this waste contain >50% debris by volume?

(debris is greater than 2.5 inches in size) ☐ Yes ☒ No

Section 4 - Generating Process and Regulatory Information

4.1) Provide a detailed description of the process(es) generating this waste (attach flow diagram if available):

Taken out of service and drained

Based upon RCRA waste regulations (40 CFR 261) and Michigan Act 451 Rules:

Waste Code(s)

- 4.2) Is this an EPA RCRA listed hazardous waste (F, K, P or U)? ☐ Yes ☒ No
- 4.3) Is this a MICHIGAN hazardous waste (Other than RCRA)? ☐ Yes ☒ No
- 4.4) Is this a MICHIGAN nonhazardous liquid industrial waste? ☐ Yes ☒ No
- 4.5) Is this a UNIVERSAL waste? ☐ Yes ☒ No
- 4.6) Does this waste exceed LDR treatment standards? ☐ Yes ☒ No
- 4.7) Is this an EPA RCRA characteristic hazardous waste (D001-D043)? ☐ Yes ☒ No
- 4.8) What is the flash point of this waste? ☐ <90°F ☐ 90-140°F ☐ 140-199°F ☒ >200°F
- 4.9) Is the waste an oxidizer? ☐ Yes ☒ No
- 4.10) What is the pH of this waste? ☐ <2 ☐ 2-4.9 ☒ 5-10 ☐ 10.1-12.4 ☐ ≥12.5
- 4.11) Does this waste contain reactive cyanide ≥ 250 ppm? ☐ Yes ☒ No
- 4.12) Does this waste contain reactive sulfide ≥ 500 ppm? ☐ Yes ☒ No
- 4.13) Is the waste surcharge exempt? (attach surcharge form) ☐ Yes ☒ No

Code	Regulatory Level	Concentration	Code	Regulatory Level	Concentration
	TCLP (mg/L)	(if above)		TCLP (mg/L)	(if above)
D004 Arsenic	5	<input checked="" type="checkbox"/> Below <input type="checkbox"/> Above	D024 m-Cresol	200	<input checked="" type="checkbox"/> Below <input type="checkbox"/> Above
D005 Barium	100	<input checked="" type="checkbox"/> Below <input type="checkbox"/> Above	D025 p-Cresol	200	<input checked="" type="checkbox"/> Below <input type="checkbox"/> Above
D006 Cadmium	1	<input checked="" type="checkbox"/> Below <input type="checkbox"/> Above	D026 Cresols	200	<input checked="" type="checkbox"/> Below <input type="checkbox"/> Above
D007 Chromium	5	<input checked="" type="checkbox"/> Below <input type="checkbox"/> Above	D027 1,4-Dichlorobenzene	7.5	<input checked="" type="checkbox"/> Below <input type="checkbox"/> Above
D008 Lead	5	<input checked="" type="checkbox"/> Below <input type="checkbox"/> Above	D028 1,2-Dichloroethane	0.5	<input checked="" type="checkbox"/> Below <input type="checkbox"/> Above
D009 Mercury	0.2	<input checked="" type="checkbox"/> Below <input type="checkbox"/> Above	D029 1,1-Dichloroethylene	0.7	<input checked="" type="checkbox"/> Below <input type="checkbox"/> Above
D010 Selenium	1	<input checked="" type="checkbox"/> Below <input type="checkbox"/> Above	D030 2,4-Dinitrotoluene	0.13	<input checked="" type="checkbox"/> Below <input type="checkbox"/> Above
D011 Silver	5	<input checked="" type="checkbox"/> Below <input type="checkbox"/> Above	D031 Heptachlor	0.008	<input checked="" type="checkbox"/> Below <input type="checkbox"/> Above
D012 Endrin	0.02	<input checked="" type="checkbox"/> Below <input type="checkbox"/> Above	D032 Hexachlorobenzene	0.13	<input checked="" type="checkbox"/> Below <input type="checkbox"/> Above
D013 Lindane	0.4	<input checked="" type="checkbox"/> Below <input type="checkbox"/> Above	D033 Hexachlorobutadiene	0.5	<input checked="" type="checkbox"/> Below <input type="checkbox"/> Above
D014 Methoxychlor	10	<input checked="" type="checkbox"/> Below <input type="checkbox"/> Above	D034 Hexachloroethane	3.0	<input checked="" type="checkbox"/> Below <input type="checkbox"/> Above
D015 Toxaphene	0.5	<input checked="" type="checkbox"/> Below <input type="checkbox"/> Above	D035 Methyl Ethyl Ketone	200	<input checked="" type="checkbox"/> Below <input type="checkbox"/> Above
D016 2,4-D	10	<input checked="" type="checkbox"/> Below <input type="checkbox"/> Above	D036 Nitrobenzene	2	<input checked="" type="checkbox"/> Below <input type="checkbox"/> Above
D017 2,4,5-TP(Silvex)	1	<input checked="" type="checkbox"/> Below <input type="checkbox"/> Above	D037 Pentachlorophenol	100	<input checked="" type="checkbox"/> Below <input type="checkbox"/> Above
D018 Benzene	0.5	<input checked="" type="checkbox"/> Below <input type="checkbox"/> Above	D038 Pyridine	5	<input checked="" type="checkbox"/> Below <input type="checkbox"/> Above
D019 Carbon Tetrachloride	0.5	<input checked="" type="checkbox"/> Below <input type="checkbox"/> Above	D039 Tetrachloroethylene	0.7	<input checked="" type="checkbox"/> Below <input type="checkbox"/> Above
D020 Chlordane	0.03	<input checked="" type="checkbox"/> Below <input type="checkbox"/> Above	D040 Trichloroethylene	0.5	<input checked="" type="checkbox"/> Below <input type="checkbox"/> Above
D021 Chlorobenzene	100	<input checked="" type="checkbox"/> Below <input type="checkbox"/> Above	D041 2,4,5-Trichlorophenol	400	<input checked="" type="checkbox"/> Below <input type="checkbox"/> Above
D022 Chloroform	6.0	<input checked="" type="checkbox"/> Below <input type="checkbox"/> Above	D042 2,4,6-Trichlorophenol	2	<input checked="" type="checkbox"/> Below <input type="checkbox"/> Above
D023 o-Cresol	200	<input checked="" type="checkbox"/> Below <input type="checkbox"/> Above	D043 Vinyl Chloride	0.2	<input checked="" type="checkbox"/> Below <input type="checkbox"/> Above

4.14) The hazardous constituent information is based on:

☐ Analysis (Please attach for review) ☐ Generator Knowledge ☒ Both

4.15) If this is a characteristic (D-coded) hazardous waste, does it contain underlying hazardous constituents (List in Section 5)?

☐ Yes ☐ No ☒ N/A**Section 5 - Constituent Information**

Review the following items in the EQ Resource Guide and indicate their concentrations below:

- 1) MVOC (Michigan Volatile Organic Compounds) 2) CCVOC (Subpart CC Volatile Organic Compounds)
- 3) UHC (Underlying Hazardous Constituents) 4) TRI (Toxic Release Inventory Constituents)

Indicate all constituents in your waste stream, their concentrations, and circle Yes or No for UHC:

UHC?	
Yes-No	
es-No	
Yes-No	

UHC?	
Yes-No	
Yes-No	
Yes-No	

Section 6 - PCB & TSCA Information

- 6.1) What is the concentration of PCBs in the waste? ☒ None ☐ 0-5 ppm ☐ 6-49 pp ☐ 50-499 ppm ☐ 500+ppm
- 6.2) Does the waste contain PCB contamination from a source with a concentration ≥ 50 ppm? ☐ Yes ☒ No
- 6.3) Does this waste contain free liquids? (use paint filter test) Non-PCB ☐ Yes ☒ No
- 6.4) Has this waste been processed into a non-liquid form? ☐ Yes ☐ No
- If yes, what was the concentration of PCBs prior to processing? ☐ N/A ☐ 0-499 ppm ☐ 500+ ppm
- 6.5) Is the non-liquid PCB waste in the form of soil, rags, debris, or other contaminated media? ☐ Yes ☐ No
- 6.6) Are you a PCB capacitor manufacturer or a PCB equipment manufacturer? ☐ Yes ☐ No
- 6.7) Has the PCB Article (e.g., transformer, hydraulic machine, PCB-contaminated electrical equipment) been drained/flushed of all PCBs and decontaminated in accordance with 40 CFR 761.60(b)? ☐ N/A ☐ Yes ☐ No

Section 7 - Benzene NESHA P Information**NESHAP SIC
CODES**

2812 2836 2875
2813 2841 2879
2816 2842 2891
2819 2843 2892
2821 2844 2893
2822 2851 2895
2823 2861 2899
2824 2865 2911
2833 2869 3312
2834 2873 4953
2835 2874 9511

- 7.1) Does the waste stream come from a facility with one of the SIC codes listed under NESHA P? ☐ Yes ☒ No
- 7.2) Does your company manage wastes from facilities with Total Annual Benzene (TAB) ≥ 10 Mg/year? ☐ Yes ☒ No
- If you answered "NO" to question 7.1 AND 7.2 please skip to Section 8.
- 7.3) Does the waste contain $>10\%$ water? ☐ Yes ☐ No
- 7.4) What is the TAB quantity for your facility? _____ Mg/Year
- 7.5) Does the waste contain >1.0 mg/kg total Benzene? ☐ Yes ☐ No
- 7.6) What is the total Benzene concentration in your waste? _____ percent or _____ ppmw.
(Do not use TCLP analytical results. Acceptable laboratory methods include 8020, 8240, 8260, 602, and 624.)

Section 8 - Waste Constituent Information→ COMPLETE FOR MICHIGAN DISPOSAL WASTE TREATMENT PLANT, WAYNE DISPOSAL, AND EQS T&P

- 8.1) Does this waste contain any "Potentially Odorous Constituents" as defined in the EQ Resource Guide? ☐ Yes ☒ No
- 8.2) Does this waste contain any MVOC constituents as defined in the EQ Resource Guide? ☐ Yes ☒ No
- 8.3) Is this waste subject to Subpart CC regulation (i.e., contain ≥ 500 ppm (VOCs) Volatile Organic Compounds)? ☐ Yes ☒ No
- If 8.1, 8.2 or 8.3 is "yes"--please indicate the constituents and their concentrations in the table provided in Section 5

Section 9 - Reclamation/Recycling/Fuel Blending→ Complete for Michigan Recovery Systems ONLY

- 9.1) Heat value (BTU/lb): _____ Chlorine(%): _____ Water (%): _____ Solids (%): _____
- 9.2) Is this material a recoverable petroleum product? ☐ Yes ☐ No
- 9.3) Is this material for wastewater treatment? ☐ Yes ☐ No
- If 9.1 or 9.2 is "yes"--please attach the Wastewater Addendum Form found in the EQ Resource Guide.

Section 10 - Certification

I certify that all information (including attachments) is complete and factual and is an accurate representation of the known and suspected hazards, pertaining to the waste described herein. I authorize EQ's Resource Team to add supplemental information to the waste approval file, provided I am contacted and give verbal permission. I authorize EQ's Resource Team to obtain a sample from any waste shipment for purposes of verification and confirmation. I agree that, if EQ approves the waste described herein, all such wastes that are transported, delivered, or tendered to EQ by Generator or on Generator's behalf shall be subject to, and Generator shall be bound by, the attached Standard Terms and Conditions.

Generator Signature X Printed Name X

Company X Title X Date X

The generator's signature must appear on the EQ Waste Characterization Report. If the generator has authorized a third-party to certify this document, a written notice (on generator letterhead) must accompany this submittal.

Though the EQ Resource Team is authorized to make certain modifications to the information provided on this form, the addition or removal of waste codes and waste constituents must be documented by the generator.

EQ Tracking # _____

WASTE CHARACTERIZATION REPORT

TO EXPEDITE YOUR WASTE APPROVAL, PLEASE COMPLETE THIS FORM ENTIRELY

Please Choose One EQ Management Facility

- ☐ Michigan Disposal Waste Treatment Plant (Stabilization and Treatment) 49350 N. I-94 Service Drive Belleville, MI 48111 EPA ID # MID 000 724 831
Phone: 800-592-5489 Fax: 800-592-5329
- ☐ Wayne Disposal, Inc. Site #2 Landfill (Hazardous & Chemical Waste Landfill) 49350 N. I-94 Service Drive Belleville, MI 48111 EPA ID # MID 048 090 633
Phone: 800-592-5489 Fax: 800-592-5329
- ☐ Michigan Recovery Systems, Inc. (Solvent Recycling, Fuel Blending, WW Treatment) 36345 Van Born Road Romulus, MI 48174 EPA ID # MID 060 975 844
Phone: 800-521-0998 Fax: 734-326-9375
- ☐ EQIS - Transfer & Processing (Drum Transfer/Non-Hazardous Liquid Processing) 1010 Old Rawsonville Road Ypsilanti, MI 48197 EPA ID # MIR 000 033 969
Phone: 734-547-1000 Fax: 734-480-9195

Section 1 - Generator & Customer Information

SIC # _____
Generator EPA ID # LLD 072 317 761
Generator National Castings
Facility Address 110 North 25th Ave
City Melrose Park State IL Zip 60160
County _____
Mailing Address (if different) ABC/NACO Inc.
2001 Butterfield Rd, Ste 502
City Downers Grove State IL Zip 60515
Generator Contact A1 Flick
Title _____
Phone (708) 344-0675 Fax (708) 344-0284

EQ Customer No. 1100
Invoicing Company SET ENVIRONMENTAL
Address 450 SUMAC ROAD
City WHEELING State IL Zip 60090
Country _____

Invoicing Contact _____
Phone _____ Fax _____

Technical Contact Liz Marbie
Phone 847-537-9221 Fax 847-537-9205

Section 2 - Shipping and Packaging Information

2.1) Shipping volume: 1x55
Shipping frequency: ☐ One Time Only ☒ Annual

2.2) DOT shipping name Not Regulated

Density: _____ lbs./gallon or lbs./cubic yard (or) Specific Gravity: 2.1

2.3) Packaging: (check all that apply)

- ☐ Bulk Solid (Yd³ < 2000 lbs/yd³)
☐ Bulk Solid (Ton > 2000 lbs/yd³)
☐ Bulk Liquids (Gallons)
☐ Cubic Yard Boxes
☒ Drums
☐ Other (palletized, 5 gal. pails, etc.)

Quoted bulk disposal charges for solid materials will be billed by the cubic yd., if waste density is less than 2,000 lbs. per cubic yd. If waste density is greater than 2,000 lbs. per cubic yd., then bulk disposal charges will be billed by the ton regardless of the approved container.

Section 3 - Physical Characteristics

WASTE COMMON NAME:

Core Wash (Solid)

3.1) Color (describe): Brown
3.2) Odor (describe): None
3.3) Physical state at 70 °F: (check all that apply)
☒ Solid ☐ Dust ☐ Liquid ☐ Sludge

3.4) Does this waste contain?: (check all that apply)
☐ Free Liquids ☐ Metal fines ☐ Powders ☐ Oily residue
☐ Biodegradable sorbants ☒ NONE

3.5) Does this waste contain?: (check all that apply) ☒ NONE
☐ Asbestos - friable ☐ Pyrophoric waste
☐ Asbestos - non-friable ☐ Reactive waste
☐ Dioxins ☐ Shock Sensitive waste
☐ Furans ☐ Radioactive waste
☐ Biohazard ☐ Explosives

3.6) Describe the composition of the waste (i.e. key chemical compounds, soil, water, ppe, debris, etc.):

Clay 99 to _____ %
Residual Sodium Silicate _____ to 21 %
Water _____ to 21 %
(Analysis Attached)
Total = 100 %

3.7) Does this waste contain > 50% contaminated soil?
☐ Yes ☒ No

3.8) Does this waste contain > 50% debris by volume?
(debris is greater than 2.5 inches in size) ☐ Yes ☒ No

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Section 4 - Generating Process and Regulatory Information

4.1) Provide a detailed description of the process (es) generating this waste (attach flow diagram if available):

Unused, outdated material.

Based upon RCRA waste regulations (40 CFR 261) and Michigan Act 451 Rules:

- 4.2) Is this an EPA RCRA listed hazardous waste (F, K, P or U)? ☐ Yes ☒ No
- 4.3) Is this a MICHIGAN hazardous waste (Other than RCRA)? ☐ Yes ☒ No
- 4.4) Is this a MICHIGAN nonhazardous liquid industrial waste? ☐ Yes ☒ No
- 4.5) Is this a UNIVERSAL waste? ☐ Yes ☒ No
- 4.6) Does this waste exceed LDR treatment standards? ☐ Yes ☒ No
- 4.7) Is this an EPA RCRA characteristic hazardous waste (D001-D043)? ☐ Yes ☒ No
- 4.8) What is the flash point of this waste? ☐ <90°F ☐ 90-140°F ☐ 140-199°F ☒ >200°F
- 4.9) Is the waste an oxidizer? ☐ Yes ☒ No
- 4.10) What is the pH of this waste? ☐ <2 ☐ 2-4.9 ☒ 5-10 ☐ 10.1-12.4 ☐ ≥12.5
- 4.11) Does this waste contain reactive cyanide ≥ 250 ppm? ☐ Yes ☒ No
- 4.12) Does this waste contain reactive sulfide ≥ 500 ppm? ☐ Yes ☒ No
- 4.13) Is the waste surcharge exempt? (attach surcharge form) ☐ Yes ☒ No

Waste Code(s)

Code	Regulatory Level TCLP (mg/L)	Concentration (if above)
D004 Arsenic	5	<input checked="" type="checkbox"/> Below <input type="checkbox"/> Above
D005 Barium	100	<input type="checkbox"/> Below <input type="checkbox"/> Above
D006 Cadmium	1	<input type="checkbox"/> Below <input type="checkbox"/> Above
D007 Chromium	5	<input type="checkbox"/> Below <input type="checkbox"/> Above
D008 Lead	5	<input type="checkbox"/> Below <input type="checkbox"/> Above
D009 Mercury	0.2	<input type="checkbox"/> Below <input type="checkbox"/> Above
D010 Selenium	1	<input type="checkbox"/> Below <input type="checkbox"/> Above
D011 Silver	5	<input type="checkbox"/> Below <input type="checkbox"/> Above
D012 Endrin	0.02	<input type="checkbox"/> Below <input type="checkbox"/> Above
D013 Lindane	0.4	<input type="checkbox"/> Below <input type="checkbox"/> Above
D014 Methoxychlor	10	<input type="checkbox"/> Below <input type="checkbox"/> Above
D015 Toxaphene	0.5	<input type="checkbox"/> Below <input type="checkbox"/> Above
D016 2,4-D	10	<input type="checkbox"/> Below <input type="checkbox"/> Above
D017 2,4,5-TP(Silvex)	1	<input type="checkbox"/> Below <input type="checkbox"/> Above
D018 Benzene	0.6	<input type="checkbox"/> Below <input type="checkbox"/> Above
D019 CarbonTetrachloride	0.5	<input type="checkbox"/> Below <input type="checkbox"/> Above
D020 Chlordane	0.03	<input type="checkbox"/> Below <input type="checkbox"/> Above
D021 Chlorobenzene	100	<input type="checkbox"/> Below <input type="checkbox"/> Above
D022 Chloroform	6.0	<input type="checkbox"/> Below <input type="checkbox"/> Above
D023 o-Cresol	200	<input checked="" type="checkbox"/> Below <input type="checkbox"/> Above

Code	Regulatory Level TCLP (mg/L)	Concentration (if above)
D024 m-Cresol	200	<input checked="" type="checkbox"/> Below <input type="checkbox"/> Above
D025 p-Cresol	200	<input type="checkbox"/> Below <input type="checkbox"/> Above
D026 Cresols	200	<input type="checkbox"/> Below <input type="checkbox"/> Above
D027 1,4-Dichlorobenzene	7.5	<input type="checkbox"/> Below <input type="checkbox"/> Above
D028 1,2-Dichloroethane	0.5	<input type="checkbox"/> Below <input type="checkbox"/> Above
D029 1,1-Dichloroethylene	0.7	<input type="checkbox"/> Below <input type="checkbox"/> Above
D030 2,4-Dinitrotoluene	0.13	<input type="checkbox"/> Below <input type="checkbox"/> Above
D031 Heptachlor	0.008	<input type="checkbox"/> Below <input type="checkbox"/> Above
D032 Hexachlorobenzene	0.13	<input type="checkbox"/> Below <input type="checkbox"/> Above
D033 Hexachlorobutadiene	0.5	<input type="checkbox"/> Below <input type="checkbox"/> Above
D034 Hexachloroethane	3.0	<input type="checkbox"/> Below <input type="checkbox"/> Above
D035 Methyl Ethyl Ketone	200	<input type="checkbox"/> Below <input type="checkbox"/> Above
D036 Nitrobenzene	2	<input type="checkbox"/> Below <input type="checkbox"/> Above
D037 Pentachlorophenol	100	<input type="checkbox"/> Below <input type="checkbox"/> Above
D038 Pyridine	5	<input type="checkbox"/> Below <input type="checkbox"/> Above
D039 Tetrachloroethylene	0.7	<input type="checkbox"/> Below <input type="checkbox"/> Above
D040 Trichloroethylene	0.5	<input type="checkbox"/> Below <input type="checkbox"/> Above
D041 2,4,5-Trichlorophenol	400	<input type="checkbox"/> Below <input type="checkbox"/> Above
D042 2,4,6-Trichlorophenol	2	<input type="checkbox"/> Below <input type="checkbox"/> Above
D043 Vinyl Chloride	0.2	<input checked="" type="checkbox"/> Below <input type="checkbox"/> Above

4.14) The hazardous constituent information is based on: ☒ Analysis (Please attach for review) ☐ Generator Knowledge ☐ Both

4.15) If this is a characteristic (D-coded) hazardous waste, does it contain underlying hazardous constituents (List in Section 5)?

☐ Yes ☐ No ☒ N/A

Section 5 - Constituent Information

Review the following items in the EQ Resource Guide, and indicate their concentrations below:

- 1) MVOC (Michigan Volatile Organic Compounds) 2) CCVOC (Subpart CC Volatile Organic Compounds)
3) UHC (Underlying Hazardous Constituents) 4) TRI (Toxic Release Inventory Constituents)

Indicate all constituents in your waste stream, their concentrations, and circle Yes or No for UHC:

UHC?	
Yes-No	
Yes-No	
Yes-No	

UHC?	
Yes-No	
Yes-No	
Yes-No	

Section 6 - PCB & TSCA Information

- 6.1) What is the concentration of PCBs in the waste? ☒ None ☐ 0-5 ppm ☐ 6-49 ppm ☐ 50-499 ppm ☐ 500+ ppm
- 6.2) Does the waste contain PCB contamination from a source with a concentration ≥ 50 ppm? ☐ Yes ☒ No
- 6.3) Does this waste contain free liquids? (use paint filter test) ☐ Yes ☐ No
- 6.4) Has this waste been processed into a non-liquid form? ☐ Yes ☐ No
- If yes, what was the concentration of PCBs prior to processing? ☐ N/A ☐ 0-499 ppm ☐ 500+ ppm
- 6.5) Is the non-liquid PCB waste in the form of soil, rags, debris, or other contaminated media? ☐ Yes ☐ No
- 6.6) Are you a PCB capacitor manufacturer or a PCB equipment manufacturer? ☐ Yes ☐ No
- 6.7) Has the PCB Article (e.g., transformer, hydraulic machine, PCB-contaminated electrical equipment) been drained/flushed of all PCBs and decontaminated in accordance with 40 CFR 761.60(b)? ☐ N/A ☐ Yes ☐ No

Section 7 - Benzene NESHAP Information

NESHAP SIC
CODES

2812	2836	2875
2813	2841	2879
2816	2842	2891
2819	2843	2892
2821	2844	2893
2822	2851	2895
2823	2861	2899
2824	2865	2911
2833	2869	3312
2834	2873	4953
2835	2874	9511

- 7.1) Does this waste stream contain Benzene? (if "no" to 7.1, please skip to section 8) ☐ Yes ☒ No
- 7.2) Does the waste stream come from a facility with one of the SIC codes listed under NESHA? ☐ Yes ☒ No
- 7.3) Does your company manage wastes from facilities with Total Annual Benzene (TAB) ≥ 10 Mg/year? ☐ Yes ☒ No
- ➔ If you answered "NO" to question 7.2 AND 7.3 please skip to Section 8.
- 7.4) Does the waste contain >10 % water? ☐ Yes ☐ No
- 7.5) What is the TAB quantity for your facility? _____ Mg/Year
- 7.6) Does the waste contain >1.0 mg/kg total Benzene? ☐ Yes ☐ No
- 7.7) What is the total Benzene concentration in your waste? _____ percent or _____ ppmw.
- (Do not use TCLP analytical results. Acceptable laboratory methods include 8020, 8240, 8260, 602, and 624.)

Section 8 - Waste Constituent Information

→ COMPLETE FOR MICHIGAN DISPOSAL WASTE TREATMENT PLANT, WAYNE DISPOSAL, AND EGIS T&P

- 8.1) Does this waste contain any "Potentially Odorous Constituents" as defined in the EQ Resource Guide? ☐ Yes ☒ No
- 8.2) Does this waste contain any MVOC constituents as defined in the EQ Resource Guide? ☐ Yes ☒ No
- 8.3) Is this waste subject to Subpart CC regulation (i.e., contain ≥ 500 ppm (VOCs) Volatile Organic Compounds)? ☐ Yes ☒ No
- If 8.1, 8.2 or 8.3 is "yes"--please indicate the constituents and their concentrations in the table provided in Section 5

Section 9 - Reclamation/Recycling/Fuel Blending

→ Complete for Michigan Recovery Systems ONLY

- 9.1 Heat value (BTU/lb): _____ Chlorine(%): _____ Water (%): _____ Solids (%): _____
 9.2 Is this material a recoverable petroleum product? ☐ Yes ☐ No
 9.3 Is this material for wastewater treatment? ☐ Yes ☐ No
 ➔ If 9.1 or 9.2 is "yes" please attach the Wastewater Addendum Form found in the EQ Resource Guide.

Section 10 - Certification

I certify that all information (including attachments) is complete and factual and is an accurate representation of the known and suspected hazards, pertaining to the waste described herein. I authorize EQ's Resource Team to add supplemental information to the waste approval file, provided I am contacted and give verbal permission. I authorize EQ's Resource Team to obtain a sample from any waste shipment for purposes of verification and confirmation. I agree that, if EQ approves the waste described herein, all such wastes that are transported, delivered, or tendered to EQ by Generator or on Generator's behalf shall be subject to, and Generator shall be bound by, the attached Standard Terms and Conditions.

Generator Signature _____ Printed Name _____

Company ~~_____~~ Title ~~_____~~ Date ~~_____~~

he generator's signature must appear on the EQ Waste Characterization Report. If the generator has authorized a third-party to certify this document, a written notice (on generator letterhead) must accompany this submittal. Although the EQ Resource Team is authorized to make certain modifications to the information provided on this form, the addition or removal of waste codes and waste constituents must be documented by the generator.

National Castings
1400 South Laramie Avenue, Cicero, IL 60650
312/863-4800

March 25, 1985

Loretto Hospital
% Dir. of Public Relations: Mr. A. Cruz
645 S. Central Avenue
Chicago, IL 60644

Dear Mr. Cruz:

Enclosed please find a copy of the Contingency Plan prepared by National Castings - Cicero Works, which is submitted in accordance with the Environmental Protection Agency (EPA) regulations under the Resource Conservation and Recovery Act (RCRA).

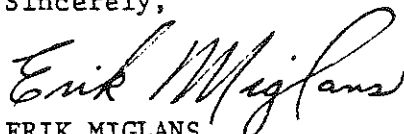
Our facility has four electric Arc Furnaces and an A.O.D. steel refining process that requires two fume and dust pollution emission control baghouses. The dust generated from these baghouses exceeds the Federal Environmental Protection Agency's regulations with regard to maximum allowable concentrations for Cadmium and Lead. Consequently, Cicero Works is regarded as a hazardous waste generating facility.

The electric Arc Furnace pollution emission control baghouse waste generated is a dry dust type of material that is: Non-explosive; Non-ignitable; Non-reactive; and is Non-infectious. The clean up of an accidental spill or release will not require any special equipment other than a shovel, broom, and plastic bag to contain any release material.

Due to the generated hazardous waste's characteristics, this facility's operation does not provide a significant potential for causing an environmental disruption or endangerment to public health or safety.

If there are any questions, or further information is required, do not hesitate to contact me at 863-4800, extension 409. Please acknowledge receipt of the enclosed plan.

Sincerely,



ERIK MIGLANS
Project Engineer

EM/kz
encl.

cc: M. Babbitt
D. Kuzmenka
R. Morris
D. Rinner
T. Zaberdac
P. Zearfoss Jr.
File

National Castings
1400 South Laramie Avenue, Cicero, IL 60650
312/863-4800

March 25, 1985

Town of Cicero Fire Dept. Headquarters
% Fire Marshall: Mr. Mel Gregory
5303 25th Avenue
Cicero, IL 60650

Dear Mr. Gregory:

Enclosed please find a copy of the Contingency Plan prepared by National Castings - Cicero Works, which is submitted in accordance with the Environmental Protection Agency (EPA) regulations under the Resource Conservation and Recovery Act (RCRA).

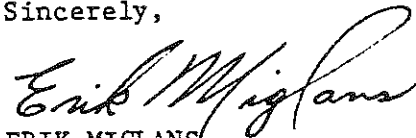
Our facility has four electric Arc Furnaces and an A.O.D. steel refining process that requires two fume and dust pollution emission control baghouses. The dust generated from these baghouses exceeds the Federal Environmental Protection Agency's regulations with regard to maximum allowable concentrations for Cadmium and Lead. Consequently, Cicero Works is regarded as a hazardous waste generating facility.

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Due to the generated hazardous waste's characteristics, this facility's operation does not provide a significant potential for causing an environmental disruption or endangerment to public health or safety.

If there are any questions, or further information is required, do not hesitate to contact me at 863-4800, extension 409. Please acknowledge receipt of the enclosed plan.

Sincerely,



ERIK MIGLANS
Project Engineer

EM/kz
encl.

cc: M. Babbitt
D. Kuzmenka
R. Morris
D. Rinner
T. Zaberdac
P. Zearfoss Jr.
File

No. 7

CONTINGENCY PLAN

ABC-NACO

National Castings-Cicero Works

Cicero, Illinois 60804

Issued: April, 2001

Revised: August 6, 2001

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8. SECURITY
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1. INTRODUCTION:

ABC/NACO, National Castings, Cicero Works is located at 1400 S. Laramie Avenue, within the Corporate boundaries of the Town of Cicero.

Attachment No. 1-Topographic Map –Berwyn Quadrangle Illinois, Cook County-locates the manufacturing facility and surrounding area.

Cicero Works is a steel foundry producing various castings for the Railroad manufacturing industries.

The manufacturing process consists of melting purchased steel scrap in electric Arc Furnaces and then pouring the molten metal into sand molds. The molds are produced in the foundry by various methods and consist of packing a prepared sand mixture into a flask that is placed over a pattern to create a void or a cavity in the flask. The molding sand is prepared by mixing recycled sand with given quantities of Bentonite clay and water.

Throughout the manufacturing process, various waste products are generated and included the following: excess or waste sand from the molds; general baghouse dust from the many sand handling and mixing operations; baghouse dust created from the shot blast cleaning of castings; and the electric Arc Furnace fume and dust collection pollution emission control baghouse discharge dust

The Arc Furnace pollution emission control baghouse dust generated exceeds the Federal Environmental Protection Agency's Regulations with regard to maximum allowable concentrations for Cadmium and Lead. Consequently, Cicero Works is regarded as a hazardous waste generating facility.

A general purpose map is provided to locate the Arc Furnace dust collectors and Arc Furnace dust loading/unloading area. This plant layout is identified as Attachment No. 2.

The electric Arc Furnace pollution emission control baghouse waste generated is a dry dust type of material that is: Non-explosive; Non-ignitable; non-reactive; and is non-infectious. Due to the generated hazardous waste's characteristics, this facility's operation does not provide a significant potential for causing an environmental disruption or endangerment to public health or safety.

2. GENERAL CONDITIONS

Normal Cicero Works production operations are conducted five days per week with two eight hour shifts per day. Approximately four hundred, full-time salaried and hourly persons are employed at this facility. Cicero Works facilities included Office, Test Laboratories, Fabrication Shop and Production areas comprising 720,000 square feet under roof in the 32 acre plant site.

3. WATER AND WASTE WATER:

ABCN100

All plant water is supplied from the Public Water system of the Town of Cicero.
Plant waste water is comprised of:

- 1) Sanitary Wastes
- 2) Clean process cooling water

The above sanitary wastes are generated from the lavatory and shower facilities; together with the process cooling water these wastes are discharged into the Metropolitan Sanitary Districts sewerage system. Neither of these types of wastes require plant treatment prior to discharge.

4. WASTE TREATMENT:

No mechanical or chemical treatment systems are maintained or required at this facility.

5. EMERGENCY SITUATION RESPONSE PLANS:

Outlines and response plans have been established for emergency situations as follows:

A) Sudden/Non-Sudden Release of Hazardous Waste

Due to the nature of the Arc Furnace pollution control dust generated, any release clean up would require a broom, shovel, and plastic bag to contain the released material.

If a release was in conjunction with an explosion or fire, emergency procedures would be implemented as required.

Local, County and State agencies would be notified as necessary through the Emergency Coordinator/alternate.

B) EXPLOSION

In the event of an explosion, the facility personnel will respond as follows: activate alarm and inform Emergency Coordinator of the situation; clear immediate area of all non-emergency personnel; remove victims to fresh air and keep them warm; call for required emergency assistance, assess damage; in the event of fire during or after explosion, proceed with established Cicero Works Fire Fighting procedures; notify appropriate local, County and State agencies, implement emergency procedures.

5.
6. EMERGENCY SITUATION RESPONSE PLANS-continued

C) Fire

In the event of fire, the facility personnel will take the following actions: activate alarm and inform Emergency Coordinator of the situation; clear immediate area of all personnel not involved in rescue and fire fighting activities; remove victims to fresh air and keep them warm; call for required emergency assistance; proceed with established Cicero Works fire fighting procedures; notify appropriate Local, County and State agencies; implement emergency procedures.

D) Evacuation

In the event evacuation is necessary, various marked exits will be utilized to leave plant production areas.

The emergency coordinator or alternate will notify the appropriate Local, County and State agencies and will implement emergency procedures.

6.
7. EMERGENCY COORDINATOR/ALTERNATE AND SAFETY DIRECTOR IDENTIFICATION

To be notified in case of emergency situations:

Emergency Coordinator:

Russ Bagnuolo
Plant Manager
Office Phone: (708) 863-4800 ext. 434

SAFETY DIRECTOR:

Dan Schneider
Safety Director
Office Phone: (708) 863-4800 ext. 418

NOTE: The Safety Director is to be notified at the same time as the Coordinator or Alternate during emergency situations.

Alternates: Bob Thielmann
Maintenance Manager
Office Phone (708) 863-4800 ext. 213

Norman Schoon
Maintenance General Foreman
Office Phone: (708) 863-4800 ext. 209

7. DUTIES AND RESPONSIBILITIES OF THE EMERGENCY COORDINATOR/ALTERNATE

At all times, there will be at least one employee either on the facility premises or on call (i.e., available to respond to an emergency by reaching the facility within a short period to time), with the responsibility for coordination all emergency response measures. This Coordinator /Alternate is thoroughly familiar with; all aspects of the facility: contingency plan; all operations and activities at the facility; the location and characteristics of waste handled; the location of all records within the facility layout. . In addition, this person has the authority to commit the resources needed to carry out the contingency plan for this facility.

The Emergency Coordinator/Alternate will be expected to accomplish the following:

- A) When there is an imminent or actual emergency situation he will:
 - 1) Activate internal facility alarms or communications systems, where applicable, to notify all facility personnel of an emergency.
 - 2) Notify appropriate Local, State, or Federal agencies designated for response roles-if assistance is required.
- B) Whenever there is a release, fire or explosion, immediately identify the character, source, amount and area extent of any released materials.
- C) Will assess possible hazards to human health or the environment that may result from the Release, fire or explosion, including the effects of any gases generated or resulting surface water run-offs due to fire control measures.
- D) If the Emergency Coordinator/Alternate determines that the facility has had a release, fire or explosion which would threaten human health, or the environment, outside the facility he will report his findings as follows:
 - 1) If the assessment indicates that evacuation of Local areas may be advisable, Appropriate Local authorities will notified (see Attachment 111-Emergency Situation Agency Telephone Numbers)
 - 2) The Coordinator/Alternate will immediately notify either the Government Official Designated as the On-Scene Coordinator for the Geographical area, or the National Response Center (using their 24 hour toll free number).

DUTIES & RESPONSIBILITIES OF THE EMERGENCY COORDINATOR/ALTERNATE-continued

D) Continued

This report is to include:

- a) Name and telephone number of reporter.
 - b) Name and address of facility involved.
 - c) Time of incident occurrence and type of incident (release, fire or explosion).
 - d) Name and quantity of hazardous materials involved.
 - e) The extent of injuries, if any.
 - f) The possible hazards to human health, or the environment, outside the facility.
- E) Will take all reasonable measures necessary to ensure that fires, explosions, and Releases do not occur, recur, or spread to other facility areas. These measures will include stopping processes and operations as required.
- F) Immediately after an emergency will provide for treating, storing, or disposing of recovered waste, contaminated soil, or surface water, or any other resulting material from release, fire, or explosion.
- G) Will ensure that the affected areas of the facility are cleaned up and all emergency equipment utilized during the emergency situation is cleaned and fit to use prior to resuming facility operations.
- H) He will notify the Regional Administrator and the appropriate State and Local Authorities that facility has returned all emergency equipment back into usable condition prior to resuming facility operations.
- I) Will note in the operating record the time, date and details of any incident that requires implementing the contingency plan. Within fifteen days after the incident, he will submit a written report on the incident to the Regional Administrator. The report will include: Name, Address, and Telephone Number of the Owner or Operator; Name, Address, and Telephone Number of the Facility; Date, Time, and Type of Incident; Name and Quantity of Hazardous Waste Involved; The extent of injuries, if any; An Assessment of Actual or Potential Hazards to human health or the Environment; Estimate the Quantity and Disposition of any Recovered Material resulting from the incident.

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8. SECURITY

Plant security is maintained by full-time, round-the-clock Security Service Personnel. Two Watchmen are on duty at all times; one of which patrols the plant twice a shift during the second and third shifts. There are 33 guard security clock key stations throughout the plant. The entire facility is surrounded by an eight foot high chain link fence topped by three strands of barbed wire-where buildings do not provide a boundry. All gates are closed and secure when not in use to prevent unauthorized entrance/exit from the facility. All vehicular traffic must enter and exit through gates that are manned by a watchman. The driver is logged in/out and his business is recorded.

Warning Signs Reading: Notice: No Trespassing are posted at every plant gate and along the facility's perimeter.

9. INTERNAL/EXTERNAL COMMUNICATIONS:

A) Internal Communications:

Several methods of internal communications are available for routine as well as Emergency use: Air whistle signal stations are located at departmental strategic points to summon Maint. Personnel; "In-Plant" telephones are located throuthout the plant and are interlock with a "Beeper" paging sysem-Key Personnel carry these radio devices; Two pair of hand-held, two-way radios are utilized by designated Maint. Supervisors.

B) External Communications:

Outside the plant communication is accomplished primarily through the Telephone System.

10. EMPLOYEE TRAINING PROGRAM DESCRIPTION:

A new employee is initially assigned to work with an experienced employee for the first two Weeks. The employee us initially instructed with regard to his job responsibilities and Procedures by his Supervisor. The Supervisor follows the employee's activities closely during this period and determines whether additional time assigned with an experience employee is required. After this initial "Break-In" period the employee is given assignments to work independently while receiving additional on-the-job training and instruction from this Supervisor. The previous procedure also applys to older seniority re-assigned employees. The new employee's work is closely monitored for at least ninety days during the normal Employment probationary period.

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10. EMPLOYEE TRAINING PROGRAM DESCRIPTION-continued

The handling of electric Arc Furnace pollution emission control baghouse dust generated by the Steel Melting Department is the responsibility of a Dust Collector Laborer who has been trained and instructed in the proper handling procedures of this hazardous waste material.

Included in the Dust Laborer's responsibilities will be the following:

- 1) All Dust Collector Baghouse discharge chute loctions are to have provisions to capture the dust in enclosed plastic bags.
- 2) Full bags are to be sealed and transported to the temporary storage hazardous waste Loading/removal site located adjacent to the outer wall of the Melt Department. These bags are to be loaded into a plastic lined twenty cubic yard roll-off disposal container which is then removed from the premises by a Licensed transporter to a Licensed Landfill for disposal in an appropriate manner.
- 3) Any spillage or discharge of Arc Furnace dust is to be immediately cleaned up and placed In plastic bags which are then to be transported to and deposited into the plastic lined roll-off Box for disposal.

The Plant Safety Department is responsible for maintaining files of appropriate employee training accomplished in conjunction with the employee's Supervisor.

11. PLANT EMERGENCY EQUIPMENT

A) Dust Respirators:

- 1) Dust/Mist: 8510, 8515 manufactured by 3M Company.
- 2) Dust/mist: 7000 Series-5000 Series-6000 Series Full Face Mask Type with Duel Canister manufactured by 3M Company.

B) Portable oxygen Monitor:

Model OX-80, Serial #801786, is a personal oxygen monitor and indicator designed to detect conditions of oxygen deficiency and indicate the concentration at any time. It will sound an alarm at a present level of oxygen deficiency, Typically 19.5% the OSHA limit. This unit is utilized at the Safety Office.

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11. PLANT EMERGENCY EQUIPMENT-continued

C) Fire Extinguishers:

Fire Extinguishers are located throughout the Cicero Works facility (shown on Attachment 11). During the last annual inventory there were one hundred, thirty nine, at the facility. The Fire Extinguishers are rated for class A, B, or C type fires and are manufactured by Ansul.

The Extinguishers are re-charged-on a will call basis.

During the annual inspection fire-fighting equipment-extinguishers, sprinkler systems, fire water pumps and fire alarm/annunciator system are inspected for operating condition.

D) Stretchers and Eye Wash Stations:

This equipment is located throughout the facility as shown on Attachment 2.

E) Sprinkler/Fire Pump System:

Office buildings and all major production facilities are protected by an overhead water sprinkler system.

12. ARRANGEMENTS AGREED TO BY LOCAL EMERGENCY RESPONSE AGENCIES.

Due to the nature of the hazardous waste material on the facility site, prior agreements are - not appropriate for this installation. However, any emergency situation will be handled on an individual basis by the appropriate agency.

EMERGENCY SITUATION-AGENCY TELEPHONE NUMBERS

<u>SITUATION</u>	<u>APPROPRIATE AGENCY TO BE NOTIFIED</u>	<u>TELEPHONE #</u>
1. Imminent or Actual Emergency:	1) Town of Cicero Fire Department 2) Town of Cicero Police Department 3) Illinois E.P.A. Emergency Response 4) Plant Security Personnel	(708) 652-2121 (708) 652-2126 (217) 782-3636 Ext. 200
2. Release, Fire or Explosion:	1) Town of Cicero Fire Department 2) Town of Cicero Police Department 3) Illinois E.P.A. Emergency Response 4) Plant Security Personnel 5) Federal E.P.A. Emergency Response 6) Cicero Health Department 7) Cicero Water Department 8) First Aid Plant Dispensary 9) Metropolitan Sanitary Dist. Of Chicago 10) Cook County Sheriff-Police Dept. 11) Mcneal Hospital	(708) 652-2121 (708) 652-2126 (217) 782-3636 Ext 200 (800)424-8802 (708) 656-3600 (708) 656-4010 Ext. 419 (708) 787-3575 (708) 458-1000 (708) 795-9100
3. Evacuation:	1) Town of Cicero Fire Department 2) Town of Cicero Police Department 3) Illinois E.P.A. Emergency Response 4) Plant Security Personnel 5) Cook County Sheriff-Police Dept.	(708) 652-2121 (708) 652-2126 (217) 782-3636 Ext. 200 (708) 458-1000
4. Prior to Resumption of Plant Operations in the Affected Areas	1) Regional Administrator Chief, Waste Management Branch 2) Illinois E.P.A. Emergency Response 3) Town of Cicero Fire Department 4) Town of Cicero Police Dept. 5) Plant Security Personnel	(312) 886-6148 (217) 782-3636 (708) 652-2121 (708) 652-2126 Ext. 200

HAZARDOUS WASTE GENERATING FACILITY

WASTE ANALYSIS PLAN

NATIONAL CASTINGS-CICERO WORKS

APRIL, 2001

TABLE OF CONTENTS

1. INTRODUCTION
2. WASTE SAMPLING METHODS
3. WASTE ANALYSIS REQUIREMENTS
4. WASTE ANALYSIS TECHNIQUES
5. SAMPLING/ANAYSIS FREQUENCY

1. INTRODUCTION

Cicero Works, National Castings Division –ABC/NACO is a steel casting producing foundry. Scrap steel is melted and refined in electric Arc Furnaces from which molten metal is poured into sand molds to form steel castings.

The castings produced vary in weight from 50 lbs to 4,800 lbs. And are supplied to The Railroad manufacturing industries.

The electric Arc Furnace pollution emission control baghouses collect dust which exceeds the Federal E.P.A. regulations with regard to allowable maximum concentrations from Cadmium and Lead.

2. WASTE SAMPLING METHODS:

The waste samples taken at Cicero Works were accomplished in accordance with E.P.A. Guidelines and included the use of the following equipment: Trier; Auger; Scoop; Sterilized Sample Containers; and Sample Labels.

All samples were labeled and traced according to E.P.A. Regulations. This included the use of a Sample Seal; Field Log Sheet; and Chain of Custody Sheet for each sample.

3. WASTE ANALYSIS REQUIREMENTS:

The samples were analyzed with regard to compliance with the following Federal and State E.P.A. Agency Standards:

- 1) Federal E.P.A.: Toxicity Standards for metals (261.24, Table/Extraction Procedure); PH; Flashpoint; Reactive Cyanide/Sulfide; Free Liquid (paint filter test).
- 2) Illinois E.P.A.; Total Sulfide/Cyanide; Total Solids; and Alkalinity/Acidity.

4. WASTE ANALYSIS TECHNIQUES:

Lab analysis techniques were in complete accordance with procedures outlined in the E.P.A. book; Test Methods For Evaluating Solid Waste; Physical/Chemical Methods (SW-846).

SAMPLING/ANALYSIS FREQUENCY:

Plant operating procedures have not been substantially altered and steel castings production component materials have not been substituted since the implementation of the R.C.R.A. hazardous waste generator-treatment, storage, or disposal facility requirements.

Therefore, the sampling of waste and analysis of the electric Arc Furnace pollution control baghouse dust is accomplished as mandated by the Renewal Requirements of the E.P.A. hazardous waste permit application every three years.

HAZARDOUS WASTE GENERATING FACILITY

INSPECTION PLAN

NATIONAL CASTINGS – CICERO WORKS

CICERO, ILLINOIS 60804

APRIL, 2001

TABLE OF CONTENTS

1. INTRODUCTION
2. HAZARDOUS WASTE INSPECTIONS
3. INSPECTION RECORD

1. INTRODUCTION:

National Castings, Cicero Works has two Arc Furnace fume and dust pollution emission control baghouses which generate hazardous waste dust.

All malfunctions, deterioration, and breakdowns of hazardous waste removal equipment is documented in the "Inspection Record of: Arc Furnace Dust Removal Equipment and Temporary Storage/Removal Site" forms. Routine maintenance work, as well as the major repairs necessary to correct equipment failures, will be logged in the inspection record.

In addition to the equipment inspections, the area used to store hazardous wastes prior to removal, will undergo inspection at specified intervals to detect leaks, spills or discharges. These inspections and the actions required to correct any release of hazardous waste materials will be documented in the above mentioned "Inspection Record".

1. HAZARDOUS WASTE INSPECTIONS:

A) Hazardous waste temporary area:

A designated area located adjacent to the outer wall of the Melt Department has been set aside for hazardous waste loading/removal. A sign reading: " Unauthorized Personnel Keep Out- Hazardous Waste Storage Area", and is mounted at this location.

The hazardous waste temporary storage area is inspected at least weekly for leaks and spills, and for deterioration of the plastic lined twenty cubic yard roll-off disposal container.

B) Areas subject to spills:

The loading/removal hazardous waste material area and the Arc Furnace pollution control baghouse areas, are inspected daily for spillage and proper equipment operation.

2. INSPECTION RECORD:

The "Inspection Record of Arc Furnace Dust Removal Equipment and Temporary Storage/Removal Site" will included the following: Date of Inspection; Name of Inspector; Notation of Observations Made; and possible Maintenance Repair Required.

Periodic inspection information of equipment and temporary storage/removal site will be maintained at the facility for a period of three years from the date of the inspection.

3457
CHICA

ILLINOIS-COOK CO.

87°45'

41°52'3

10" x 14"

435

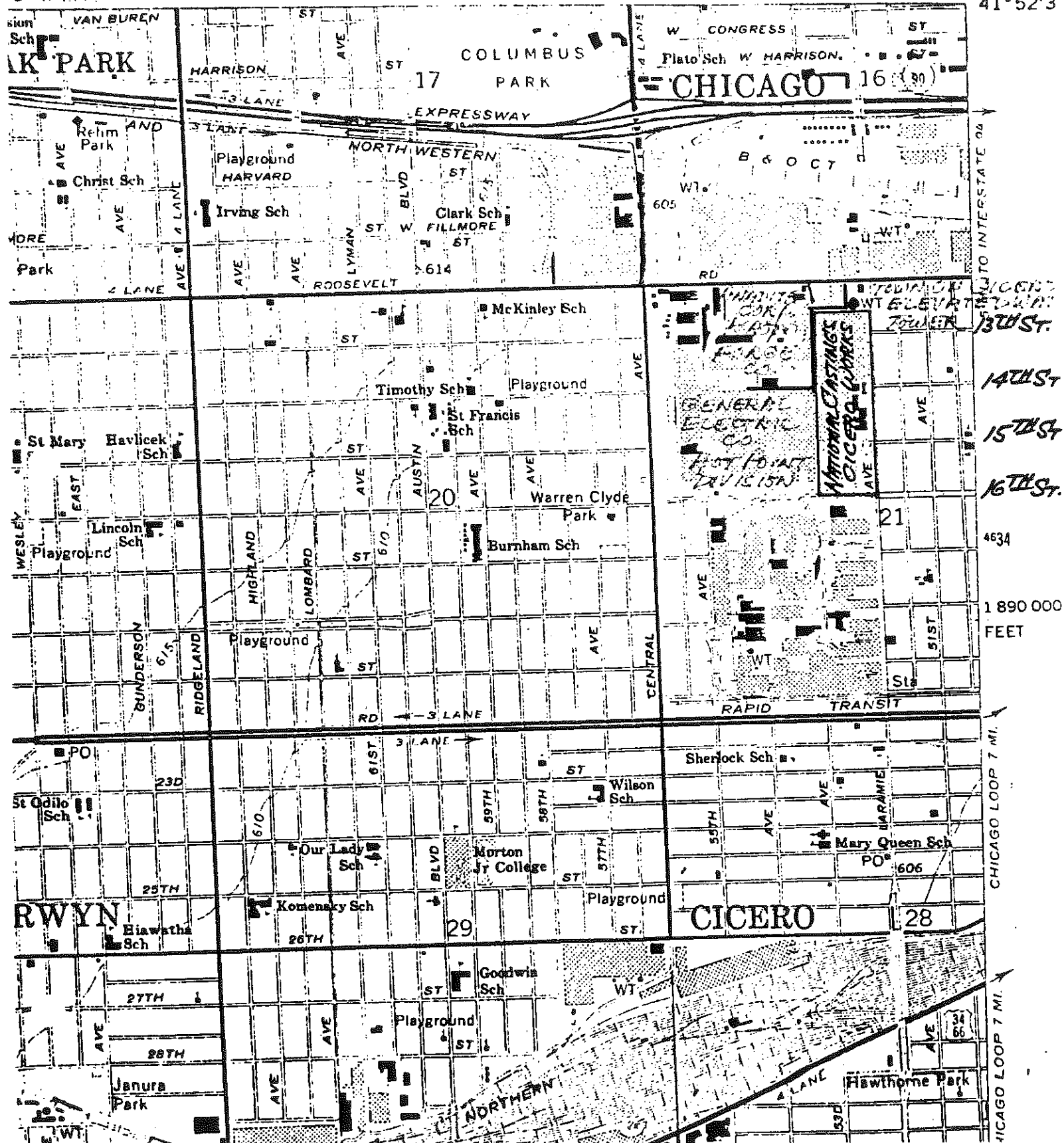
650 000 FEET

436

437

87°45'

41°52'3



MacNeal Hospital
3249 South Oak Park Avenue
Berwyn, Ill. 60402

To Whom It May Concern:

Enclosed please find a copy of the Contingency Plan Prepared by National Castings-Cicero Works, which is submitted in accordance with the Environmental Protection Agency (EPA) regulations under the Resource Conservation and Recovery Act (RCRA).

Our facility has three electric Arc Furnaces that requires two fume and dust pollution emission control baghouse. The dust generated from these baghouses exceeds the Federal Environmental Protection Agency's regulations with regard to maximum allowable concentrations for Cadmium and Lead. Consequently, Cicero Works is regarded as hazardous waste generating facility.

The electric Arc Furnace pollution emission control baghouse waste generated is a dry dust type of material that is: Non-explosive; Non-ignitable, Non-reactive, and is Non-infectious. The clean up of an accidental spill or release will not require any special equipment other than a shovel, broom, and plastic bag to contain any release material.

Due to the generated hazardous waste's characteristics, this facility's operation does not provide a significant potential for causing an environmental disruption or endangerment to public health or safety.

If there are any questions, or further information is required, do not hesitate to contact me at (708) 863-4800, on ext. 458. Please acknowledge receipt of the enclosed plan.

Sincerely,

John Hall
Environmental Manager

Town of Cicero Fire Dept. Headquarters
% Fire Marshall: Mr.
5303 W. 25th Place
Cicero, IL. 60804

To Whom It May Concern:

Enclosed please find a copy of the Contingency Plan prepared by National Casting-Cicero Works, which is submitted in accordance with the Environmental Protection Agency (EPA) Regulations under the Resources Conservation and Recovery Act (RCRA).

Our facility has Three electric Arc Furnaces that requires two fume and dust pollution Emission control baghouses. The dust generated from these Baghouses exceeds the Federal Environmental Protection Agency's regulations with regard to maximum allowable Concentrations for Cadmium and Lead. Consequently, Cicero Works is regarded as A hazardous waste generating facility.

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Due the generated hazardous waste's characteristics, this facility's operation does not provide A significant potential for causing an environmental disruption or endangerment to public Health safety.

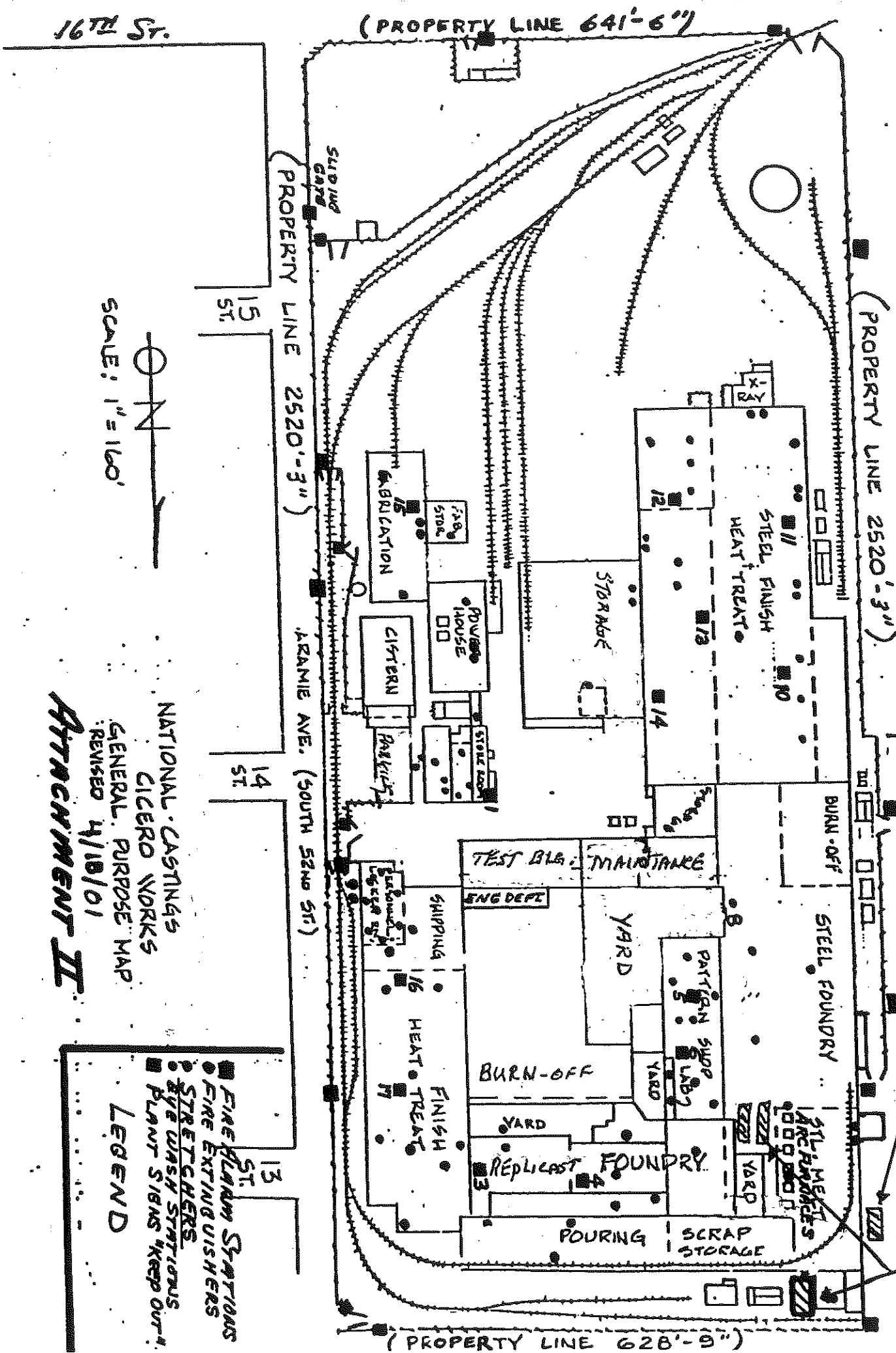
If there are any questions, or further information required, do not hesitate to contact me at (708) 863-4800, ext. 458. Please acknowledge receipt of the enclosed plan.

Sincerely

John Hall

GENERAL ELECTRIC Co.
HOT POINT DIVISION.

ANADITE Corp.
Kopp Forge Co.
ARC FURNACE DUST
LOADING AND DISPOSAL
AREA
ARC FURNACE
DUST COLLECTOR



SCALE: 1" = 160'



NATIONAL CASTINGS
CICERO WORKS
GENERAL PURPOSE MAP
REVISED 4/18/01

Attachment II

LEGEND
● FIRE ALARM STATIONS
● FIRE EXTINGUISHERS
● STREET CARS
● PLANT SIGNS "KEEP OUT"

National Castings
1400 South Laramie Avenue, Cicero, IL 60650
312/863-4800

CONTINGENCY PLAN

NATIONAL CASTINGS

- CICERO WORKS

CICERO, ILLINOIS 60650

ISSUED March, 1985

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- I. INTRODUCTION
- II. GENERAL CONDITIONS
- III. WATER AND WASTE WATER
- IV. WASTE TREATMENT
- V. EMERGENCY SITUATION RESPONSE PLANS
- VI. EMERGENCY COORDINATOR/ALTERNATE AND
SAFETY DIRECTOR IDENTIFICATION
- VII. DUTIES AND RESPONSIBILITIES OF THE
EMERGENCY COORDINATOR OR ALTERNATE
- VIII. SECURITY
- IX. INTERNAL/EXTERNAL COMMUNICATIONS
- X. EMPLOYEE TRAINING PROGRAM DESCRIPTION
- XI. PLANT EMERGENCY EQUIPMENT
- XII. ARRANGEMENTS AGREED TO BY LOCAL
EMERGENCY RESPONSE AGENCIES

I. INTRODUCTION:

Midland-Ross Corporation, National Castings Division, Cicero Works is located at 1400 S. Laramie Avenue, within the Corporate boundaries of the Town of Cicero.

Attachment No. I - Topographic Map - Berwyn Quadrangle Illinois, Cook County - locates the manufacturing facility and surrounding area.

Cicero Works is a steel foundry producing various castings for the Automotive, Farm Equipment, Construction, Lift Truck, Ordnance, Mining and Railroad manufacturing industries.

The manufacturing process consists of melting purchased steel scrap in electric Arc Furnaces and then pouring the molten metal into sand molds. The molds are produced in the foundry by various methods and consist of packing a prepared sand mixture into a flask that is placed over a pattern to create a void or a cavity in the flask. The molding sand is prepared by mixing recycled sand with given quantities of Bentonite clay and water.

Throughout the manufacturing process, various waste products are generated and include the following: excess or waste sand from the molds; general baghouse dust from the many sand handling and mixing operations; baghouse dust created from the shot blast cleaning of castings; and the electric Arc Furnace fume and dust collection pollution emission control baghouse discharge dust.

The Arc Furnace pollution emission control baghouse dust generated exceeds the Federal Environmental Protection Agency's Regulations with regard to maximum allowable concentrations for Cadmium and Lead. Consequently, Cicero Works is regarded as a hazardous waste generating facility.

A general purpose map is provided to locate the Arc Furnace dust collectors and Arc Furnace dust loading/unloading area. This plant layout is identified as Attachment No. II.

The electric Arc Furnace pollution emission control baghouse waste generated is a dry dust type of material that is: Non-explosive; Non-ignitable; non-reactive; and is non-infectious. Due to the generated hazardous waste's characteristics, this facility's operation does not provide a significant potential for causing an environmental disruption or endangerment to public health or safety.

II. GENERAL CONDITIONS:

Normal Cicero Works production operations are conducted five days per week with two eight hour shifts per day. Approximately six hundred, sixty four full-time salaried and hourly persons are employed at this facility. Cicero Works facilities include Offices, Test Laboratories, Fabrication Shop and Production areas comprising 720,000 square feet under roof in the 32 acre plant site.

III. WATER AND WASTE WATER:

All plant water is supplied from the Public Water system of the Town of Cicero. Plant waste water is comprised of:

- 1) Sanitary Wastes
- 2) Clean process cooling water

The above sanitary wastes are generated from the lavatory and shower facilities; together with the process cooling water these wastes are discharged into the Metropolitan Sanitary Districts sewerage system. Neither of these types of wastes require plant treatment prior to discharge.

IV. WASTE TREATMENT:

No mechanical or chemical treatment systems are maintained or required at this facility.

V. EMERGENCY SITUATION RESPONSE PLANS:

Outlines and response plans have been established for emergency situations as follows:

A) Sudden/Non-Sudden Release of Hazardous Waste

Due to the nature of the Arc Furnace pollution control dust generated, any release clean up would require a broom, shovel, and plastic bag to contain the released material.

If a release was in conjunction with an explosion or fire, emergency procedures would be implemented as required.

Local, County and State agencies would be notified as necessary through the Emergency Coordinator/alternate.

B) Explosion

In the event of an explosion, the facility personnel will respond as follows: activate alarm and inform Emergency Coordinator of the situation; clear immediate area of all non-emergency personnel; remove victims to fresh air and keep them warm; call for required emergency assistance; assess damage; in the event of fire during or after explosion, proceed with established Cicero Works Fire Fighting procedures; notify appropriate local, County and State agencies; implement emergency procedures.

V. EMERGENCY SITUATION RESPONSE PLANS - continued

C) Fire

In the event of fire, the facility personnel will take the following action: activate alarm and inform Emergency Coordinator of the situation; clear immediate area of all personnel not involved in rescue and fire fighting activities; remove victims to fresh air and keep them warm; call for required emergency assistance; proceed with established Cicero Works fire fighting procedures; notify appropriate Local, County and State agencies; implement emergency procedures.

D) Evacuation

In the event evacuation is necessary, various marked exits will be utilized to leave plant production areas.

The Emergency Coordinator/alternate will notify the appropriate Local, County and State agencies and will implement emergency

Russ Bagnuolo
Em Coord
Dan Schneider
Safety Dir

COORDINATOR/ALTERNATE AND SAFETY DIRECTOR IDENTIFICATION

In the event of emergency situations:

Coordinator:
Dan Kuzmenka
15362 Natalie Dr.
Oak Forest, IL 60452
Office Phone: 863-4800
Home Phone: 687-3562

Compare to
new CP

SAFETY DIRECTOR:

Jerry Farmer
145 Rex Boulevard
Elmhurst, IL 60126
Office Phone: 863-4800, Ext. 418
Home Phone: 834-6752

Note: The Safety Director is to be notified at the same time as the Coordinator or Alternate during emergency situations.

Alternates:

Paul Zearfoss Jr.
5118 Main Street
Lisle, IL 60532
Office Phone: 863-4800 ext. 304
Home Phone: 810-0406

Bob Thielmann
Marc Marshall

Roger Miller
2218 N. Kelly
Plainfield, IL 60544
Office Phone: 863-4800, Ext. 271
Home Phone: 1-815-436-2130

CP

VII. DUTIES AND RESPONSIBILITIES OF THE EMERGENCY COORDINATOR/ALTERNATE

At all times, there will be at least one employee either on the facility premises or on call (i.e., available to respond to an emergency by reaching the facility within a short period of time), with the responsibility for coordinating all emergency response measures. This Coordinator/Alternate is thoroughly familiar with: all aspects of the facility's contingency plan; all operations and activities at the facility; the location and characteristics of waste handled; the location of all records within the facility; and the facility layout. In addition, this person has the authority to commit the resources needed to carry out the contingency plan for this facility.

The Emergency Coordinator/Alternate will be expected to accomplish the following:

- A) Whenever there is an imminent or actual emergency situation he will:
 - 1) Activate internal facility alarms or communications systems, where applicable, to notify all facility personnel of an emergency.
 - 2) Notify appropriate Local, State or Federal agencies designated for response roles - if assistance is required.
- B) Whenever there is a release, fire or explosion, immediately identify the character, source, amount and area extent of any released material.
- C) Will assess possible hazards to human health or the environment that may result from the release, fire or explosion; including the effects of any gases generated or resulting surface water run-offs due to fire control measures.
- D) If the Emergency Coordinator/Alternate determines that the facility has had a release, fire or explosion which would threaten human health, or the environment, outside the facility, he will report his findings as follows:
 - 1) If the assessment indicates that evacuation of Local areas may be advisable, appropriate Local authorities will be notified (see Attachment III - Emergency Situation Agency Telephone Numbers).
 - 2) The Coordinator/Alternate will immediately notify either the Government Official designated as the On-Scene Coordinator for the Geographical area, or the National Response Center (using their 24 hour toll free number).

VII. DUTIES & RESPONSIBILITIES OF THE EMERGENCY COORDINATOR/ALTERNATE - continued

D) Continued

This report is to include:

- a) Name and telephone number of reporter.
 - b) Name and address of facility involved.
 - c) Time of incident occurrence and type of incident (release, fire or explosion).
 - d) Name and quantity of hazardous materials involved.
 - e) The extent of injuries, if any.
 - f) The possible hazards to human health, or the environment, outside the facility.
- E) Will take all reasonable measures necessary to ensure that fires, explosions, and releases do not occur, recur, or spread to other facility areas. These measures will include stopping processes and operations as required.
- F) Immediately after an emergency will provide for treating, storing, or disposing of recovered waste, contaminated soil, or surface water, or any other resulting material from release, fire, or explosion.
- G) Will ensure that the affected areas of the facility are cleaned up and all emergency equipment utilized during the emergency situation is cleaned and fit to use prior to resuming facility operations.
- H) He will notify the Regional Administrator and the appropriate State and Local Authorities that the facility has returned all emergency equipment back into usable condition prior to resuming facility operations.
- I) Will note in the operating record the time, date and details of any incident that requires implementing the contingency plan. Within fifteen days after the incident, he will submit a written report on the incident to the Regional Administrator. The report will include: Name, Address, and Telephone Number of the Owner or Operator; Name, Address, and Telephone Number of the Facility; Date, Time, and Type of Incident; Name and Quantity of Hazardous Waste Involved; The extent of injuries, if any; An Assessment of Actual or Potential Hazards to humal health or the Environment; Estimate the Quantity and Disposition of any Recovered Material resulting from the incident.

VIII. SECURITY

Plant security is maintained by full-time, round-the-clock John R. Davis Security Service Personnel. Two Watchmen are on duty at all times; one of which patrols the plant twice a shift during the second and third shifts. There are 33 guard security clock key stations throughout the plant. The entire facility is surrounded by an eight foot high chain link fence topped by three strands of barbed wire-where buildings do not provide a boundary. All gates are closed and secure when not in use to prevent unauthorized entrance/exit from the facility. All vehicular traffic must enter and exit through gates that are manned by a watchman. The driver is logged in/out and his business is recorded.

Warning Signs Reading: "Danger, Unauthorized Personnel Keep Out" are posted at every plant gate and along the facility's perimeter.

IX. INTERNAL/EXTERNAL COMMUNICATIONS

A) Internal Communications:

Several methods of internal communications are available for routine as well as emergency use: Air whistle signal stations are located at departmental strategic points to summon Maint. Personnel; "In-Plant" telephones are located throughout the plant and are interlocked with a "Beeper" paging system - Key Personnel carry these radio devices; Two pair of hand-held, two-way radios are utilized by designated Maint. Supervisors.

B) External Communications:

Outside the plant communication is accomplished primarily through the Illinois Bell Telephone System.

X. EMPLOYEE TRAINING PROGRAM DESCRIPTION:

A new employee is initially assigned to work with an experienced employee for the first two weeks. The employee is initially instructed with regard to his job responsibilities and procedures by his Supervisor. The Supervisor follows the employee's activities closely during this period and determines whether additional time assigned with an experienced employee is required. After this initial "Break-In" period the employee is given assignments to work independently while receiving additional on-the-job training and instruction from his Supervisor. The previous procedure also applies to older seniority re-assigned employees. The new employee's work is closely monitored for at least ninety days during the normal employment probationary period.

X. EMPLOYEE TRAINING PROGRAM DESCRIPTION - continued

The handling of electric Arc Furnace pollution emission control baghouse dust generated by the Steel Melting Department is the responsibility of a Dust Collector Laborer who has been trained and instructed in the proper handling procedures of this hazardous waste material.

Included in the Dust Collector Laborer's responsibilities will be the following:

- 1) All Dust Collector Baghouse discharge chute locations are to have provisions to capture the dust in enclosed plastic bags.
- 2) Full bags to be transported to the temporary storage hazardous waste loading/removal site located adjacent to the outer wall of the Melt Department. These bags are to be loaded into a plastic lined twenty cubic yard roll-off disposal container which is then removed from the premises by a Licensed transporter to a Licensed Landfill for disposal in an appropriate manner.
- 3) Any spillage or discharge of Arc Furnace dust is to be immediately cleaned up and placed in plastic bags which are then to be transported to and deposited into the plastic lined roll-off box for disposal.

The Plant Safety Department is responsible for maintaining files of appropriate employee training accomplished in conjunction with the employee's Supervisor.

XI. PLANT EMERGENCY EQUIPMENT

A) Dust Respirators:

- 1) Dust/Mist: #08710; #9910; #9920 manufactured by 3M Company.
- 2) Dust/Mist: #7600-8 Full Face Mask Type with Dual Canister manufactured by Norton Co.

B) Portable Oxygen Monitor:

Model OX-80, Serial #801786, is a personal oxygen monitor and indicator designed to detect conditions of oxygen deficiency and indicate the concentration at any time. It will sound an alarm at a present level of oxygen deficiency, Typically 19.5% the OSHA limit. This unit is utilized at the A.O.D. Molten Steel Purification Process location.

XI. PLANT EMERGENCY EQUIPMENT - continued

C) Fire Extinguishers:

Fire Extinguishers are located throughout the Cicero Works facility (shown on Attachment II). During the last annual inventory there were one hundred, thirty nine, at the facility. The Fire Extinguishers are rated for class A, B, or C type fires and are manufactured by Ansul.

The Extinguishers are re-charged - on a will call basis by Fredricksen & Sons Fire Equipment Co., Inc. of Bensenville, Illinois.

Annual facility fire and associated perils loss prevention inspection reports are prepared by Factory Mutual Engineering of Rolling Meadows, Illinois for Cicero Works Insurance Underwriter - Allendale Mutual Insurance Company of Beachwood Ohio.

During the annual inspection fire-fighting equipment - extinguishers, sprinkler systems, fire water pumps and fire alarm/annunciator system are inspected for operating condition.

D) Stretchers and Eye Wash Stations:

This equipment is located throughout the facility as shown on Attachment II.

E) Sprinkler/Fire Pump System:

Office buildings and all major production facilities are protected by an overhead water sprinkler system.

F) Fire Alarm/Annunciator System:

A new seventeen station fire alarm system with two annunciator locations, which are supervised round-the-clock, are being presently installed - to be in service by May 1, 1985.

XII. ARRANGEMENTS AGREED TO BY LOCAL EMERGENCY RESPONSE AGENCIES

Due to the nature of the hazardous waste material on the facility site, prior agreements are not appropriate for this installation. However, any emergency situation will be handled on an individual basis by the appropriate agency.

ATTACHMENT I

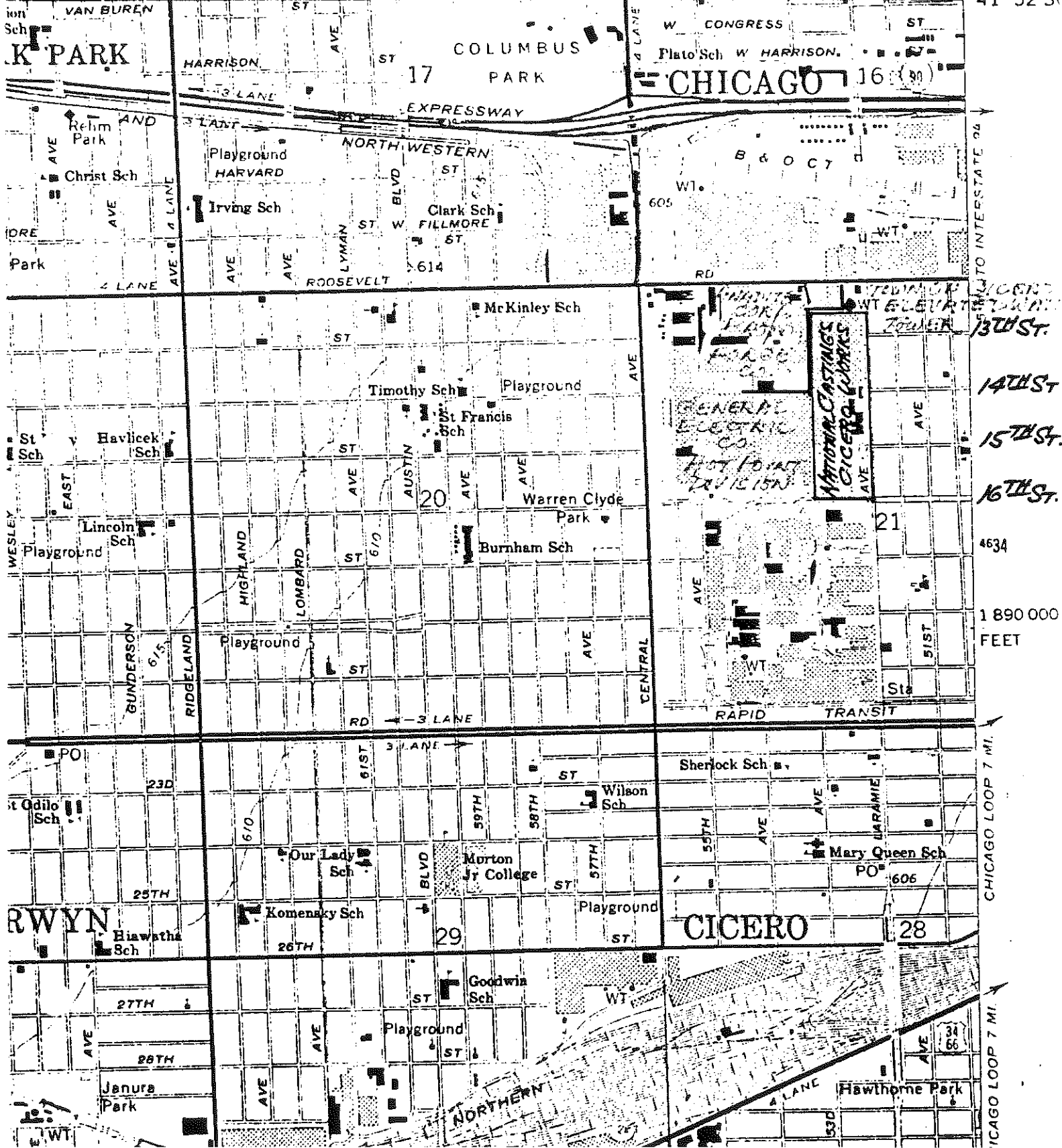
BERWYN QUADRANGLE

ILLINOIS-COOK CO.

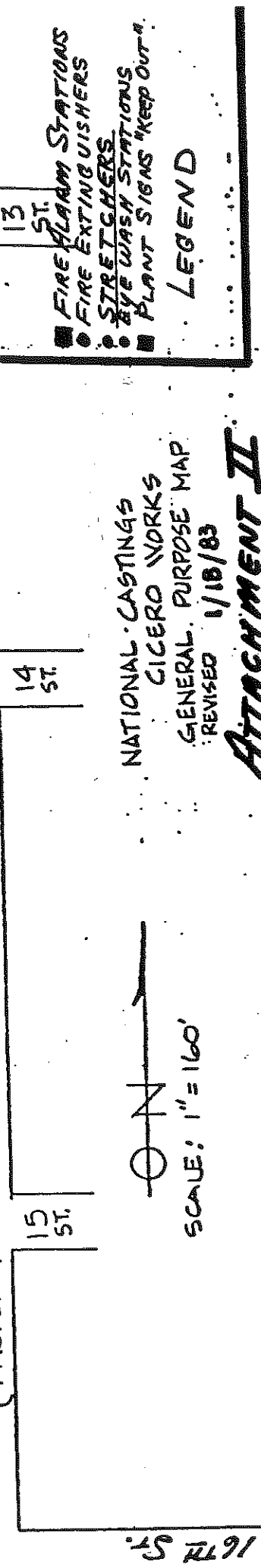
7.5 MINUTE SERIES (TOPOGRAPHIC)

3457
CHICAGO


0" R 131 435 650 000 FEET 436 437 87°45' 41°52'30"



ANADITE Corp.
Kropp Forge Co.
~~ARC FURNACE DUST~~
~~LOADING AND DISPOSAL~~



Scale: 1" = 160'



Attachment II

National Castings
1400 South Laramie Avenue, Cicero, IL 60650
312/863-4800

EMERGENCY SITUATION - AGENCY TELEPHONE NUMBERS

<u>SITUATION</u>	<u>APPROPRIATE AGENCY TO BE NOTIFIED</u>	<u>TELEPHONE NUMBER</u>
I. Imminent or Actual Emergency:	1) Town of Cicero Fire Department	652-2121
	2) Town of Cicero Police Department	652-2126
	3) Illinois E.P.A. Emergency Response	(217) 782-3636
	4) Plant Security Personnel	Extension 420
II. Release, Fire or Explosion:	1) Town of Cicero Fire Department	652-2121
	2) Town of Cicero Police Department	652-2126
	3) Illinois E.P.A. Emergency Response	(217) 782-3636
	4) Plant Security Personnel	Extension 420
	5) Federal E.P.A. Emergency Response	(800) 424-8802
	6) Cicero Health Department	656-3600
	7) Cicero Water Department	656-4010
	8) First Aid - Plant Dispensary	Extension 419
	9) Central Industrial Clinic	242-2670
	10) Loretto Hospital	626-4300
	11) Metropolitan Sanitary Dist. of Chicago	787-3575
	12) Cook County Sheriff - Police Dept.	458-1000
III. Evacuation:	1) Town of Cicero Fire Department	652-2121
	2) Town of Cicero Police Department	652-2126
	3) Illinois E.P.A. Emergency Response	(217) 782-3636
	4) Plant Security Personnel	Extension 420
	5) Cook County Sheriff - Police Dept.	458-1000
IV. Prior to Resumption Of Plant Operations In The Affected Areas	1) Regional Administrator Chief, Waste Management Branch	886-6148
	2) Illinois E.P.A. Emergency Response	(217) 782-3636
	3) Town of Cicero Fire Department	652-2121
	4) Town of Cicero Police Department	652-2126
	5) Plant Security Personnel	Extension 420

National Castings
1400 South Laramie Avenue, Cicero, IL 60650
312/863-4800

HAZARDOUS WASTE GENERATING FACILITY

INSPECTION PLAN

NATIONAL CASTINGS - CICERO WORKS

CICERO, ILLINOIS 60650

MARCH, 1985

National Castings
1400 South Laramie Avenue, Cicero, IL 60650
312/863-4800

TABLE OF CONTENTS

- I. INTRODUCTION
- II. HAZARDOUS WASTE INSPECTIONS
- III. INSPECTION RECORD

I. INTRODUCTION:

Midland-Ross Corporation, National Castings Division, Cicero Works has two Arc Furnace fume and dust pollution emission control baghouses which generate hazardous waste dust.

All malfunctions, deterioration, and breakdowns of hazardous waste removal equipment is documented in the "Inspection Record Of: Arc Furnace Dust Removal Equipment and Temporary Storage/Removal Site" forms. Routine maintenance work, as well as the major repairs necessary to correct equipment failures, will be logged in the inspection record.

In addition to the equipment inspections, the area used to store hazardous wastes prior to removal, will undergo inspection at specified intervals to detect leaks, spills or discharges. These inspections and the actions required to correct any release of hazardous waste materials will be documented in the above mentioned "Inspection Record".

II. HAZARDOUS WASTE INSPECTIONS:

A) Hazardous waste temporary storage area:

A designated area located adjacent to the outer wall of the Melt Department has been set aside for hazardous waste loading/removal. A sign reading: "Danger, Unauthorized Personnel Keep Out - Hazardous Waste Storage Area", has been purchased and will be mounted at this location.

The hazardous waste temporary storage area is inspected at least weekly for leaks and spills, and for deterioration of the plastic lined twenty cubic yard roll-off disposal container.

B) Areas subject to spills:

The loading/removal hazardous waste material area and the Arc Furnace pollution control baghouse areas, are inspected daily for spillage and proper equipment operation.

III. INSPECTION RECORD:

The "Inspection Record Of: Arc Furnace Dust Removal Equipment and Temporary Storage/Removal Site" will include the following: Date of Inspection; Name of Inspector; Notation of Observations Made; and possible Maintenance Repair Required.

Periodic inspection information of equipment and temporary storage/removal site will be maintained at the facility for a period of three years from the date of the inspection.

National Castings
1400 South Laramie Avenue, Cicero, IL 60650
312/863-4800

HAZARDOUS WASTE GENERATING FACILITY:

WASTE ANALYSIS PLAN

NATIONAL CASTINGS - CICERO WORKS

MARCH, 1985

National Castings
1400 South Laramie Avenue, Cicero, IL 60650
312/863-4800

TABLE OF CONTENTS

- I. INTRODUCTION
- II. WASTE SAMPLING METHODS
- III. WASTE ANALYSIS REQUIREMENTS
- IV. WASTE ANALYSIS TECHNIQUES
- V. SAMPLING/ANALYSIS FREQUENCY

National Castings
1400 South Laramie Avenue, Cicero, IL 60650
312/863-4800

I. INTRODUCTION:

Cicero Works, National Castings Division - Midland Ross Corporation is a steel casting producing foundry. Scrap steel is melted and refined in electric Arc Furnaces from which molten metal is poured into sand molds to form steel castings.

The castings produced vary in weight from 50 lbs. to 4,800 lbs. and are supplied to the Automotive, Farm Equipment, Construction, Lift Truck, Ordnance, Mining and Railroad manufacturing industries.

The electric Arc Furnace pollution emission control baghouses collect dust which exceeds the Federal E.P.A. regulations with regard to allowable maximum concentrations from Cadmium and Lead.

II. WASTE SAMPLING METHODS:

The waste samples taken at Cicero Works were accomplished in accordance with E.P.A. Guidelines and included the use of the following equipment: Trier; Auger; Scoop; Sterilized Sample Containers; and Sample Labels.

All samples were labeled and traced according to E.P.A. Regulations. This included the use of a Sample Seal; Field Log Sheet; and Chain of Custody Sheet for each sample.

III. WASTE ANALYSIS REQUIREMENTS:

The samples were analyzed with regard to compliance with the following Federal and State E.P.A. Agency Standards:

- 1) Federal E.P.A.: Toxicity Standards for metals (261.24, Table/Extraction Procedure); PH; Flashpoint; Reactive Cyanide/Sulfide; Free Liquid (paint filter test).
- 2) Illinois E.P.A.: Total Sulfide/Cyanide; Total Solids; and Alkalinity/Acidity.

IV. WASTE ANALYSIS TECHNIQUES:

Lab analysis techniques were in complete accordance with procedures outlined in the E.P.A. book; Test Methods For Evaluating Solid Waste; Physical/Chemical Methods (SW-846).

V. SAMPLING/ANALYSIS FREQUENCY:

Plant operating procedures have not been substantially altered and steel casting production component materials have not been substituted since the implementation of the R.C.R.A. hazardous waste generator - treatment, storage, or disposal facility requirements.

Therefore, the sampling of waste and analysis of the electric Arc Furnace pollution control baghouse dust is accomplished as mandated by the Renewal Requirements of the E.P.A. hazardous waste permit application every three years.

Occupational Safety and Health Administration

MATERIAL SAFETY DATA SHEET

Form Date:

Aug. 86

Required under USDL Safety and Health Regulations for Ship Repairing,
Shipbuilding, and Shipbreaking (29 CFR 1915.1816, 1917)

SECTION I

MANUFACTURER'S NAME ADM Milling Co. / Krause Milling Co.		EMERGENCY TELEPHONE NO. 913-491-9400
ADDRESS (Number, Street, City, State, and ZIP Code) 4550 West 109th Street - Suite 100 - Shawnee Mission, Kansas 66211		
CHEMICAL NAME AND SYNONYMS Pregelatinized Corn Flour		TRADE NAME AND SYNONYMS Amerikor
CHEMICAL FAMILY N/A	FORMULA	N/A

SECTION II - HAZARDOUS INGREDIENTS - Not Applicable

PAINTS, PRESERVATIVES, & SOLVENTS	%	TLV (Units)	ALLOYS AND METALLIC COATINGS	%	TLV (Units)
PIGMENTS			BASE METAL		
CATALYST			ALLOYS		
VEHICLE			METALLIC COATINGS		
SOLVENTS			FILLER METAL PLUS COATING OR CORE FLUX		
ADDITIVES			OTHERS		
OTHERS					
HAZARDOUS MIXTURES OF OTHER LIQUIDS, SOLIDS, OR GASES				%	TLV (Units)

SECTION III - PHYSICAL DATA

BOILING POINT (°F.)	N/A	SPECIFIC GRAVITY (H ₂ O=1)	N/A
VAPOR PRESSURE (mm Hg.)	N/A	PERCENT VOLATILE BY VOLUME (%)	N/A
VAPOR DENSITY (AIR=1)	N/A	EVAPORATION RATE (_____ %)	N/A
SOLUBILITY IN WATER	N/A	Specific wt. 500 - 550 gms/ dry quart	
APPEARANCE AND ODOR		Light yellow in color.	

SECTION IV - FIRE AND EXPLOSION HAZARD DATA

FLASH POINT (Method used)	N/A	FLAMMABLE LIMITS	N/A	Let	Ust
EXTINGUISHING MEDIA Water, dry chemical, or carbon dioxide extinguisher.					
SPECIAL FIRE FIGHTING PROCEDURES Water, fine spray, or physical removal of smoldering material.					
UNUSUAL FIRE AND EXPLOSION HAZARDS Dust cloud potentially explosive (minimum explosion conc. .04 oz. cu ft; ignition temp 400°C by Bureau of Mines); difficult to ignite, slow burning.					

(Continued on reverse side)

(A)

Form OSHA-20
Rev. May 72

ESMOLO LIMIT VALUE
10 mg/m³ total dust or 5 mg/m³ respirable dust as nuisance particulate.

EFFECTS OF OVEREXPOSURE
reduced visibility, unpleasant deposits in eyes, ears, nose as nuisance particulate.

SAFETY AND FIRST AID PROCEDURES
None required. If extremely dusty conditions are encountered, as in any fine powder condition, wear face mask.

SECTION VI - REACTIVITY DATA

STABILITY	UNSTABLE		CONDITIONS TO AVOID 1. The formation of a nuisance particulate dust cloud. 2. The formation of an
	STABLE	X	explosible dust cloud and a simultaneous ignition source.
COMPATIBILITY (Materials to avoid) None			
HAZARDOUS DECOMPOSITION PRODUCTS N/A			
HAZARDOUS POLYMERIZATION	MAY OCCUR		CONDITIONS TO AVOID N/A
	WILL NOT OCCUR	X	

SECTION VII - SPILL OR LEAK PROCEDURES

STEPS TO BE TAKEN IN CASE MATERIAL IS RELEASED OR SPILLED Clean up spill, avoid moisture
(Will make glue, subsequently difficult to remove).

DISPOSAL METHOD Landfill or similar method; material is biodegradable. Follow federal state, or local regulations.

SECTION VIII - SPECIAL PROTECTION INFORMATION

RESPIRATORY PROTECTION (Specify type) If necessary, use face mask; i.e. 3M #8710 or similar.

VENTILATION	LOCAL EXHAUST	N/A	SPECIAL	N/A
	MECHANICAL (General)	N/A	OTHER	N/A

PROTECTIVE GLOVES None EYE PROTECTION If necessary, goggles.

OTHER PROTECTIVE EQUIPMENT Avoid direct contact with the skin as much as possible.

SECTION IX - SPECIAL PRECAUTIONS

PRECAUTIONS TO BE TAKEN IN HANDLING AND STORING
Store in dry area, avoid moisture and excessive heat to maintain product quality.

OTHER PRECAUTIONS None

(A)



AMERICAN COLLOID COMPANY

One North Arlington • 1500 West Shure Drive
Arlington Heights, Illinois 60004-1434 • USA
(708) 392-4600 • Telex ITT 4330321
Fax (708) 506-6199

301
101

MATERIAL SAFETY DATA SHEET - May be used to comply with OSHA's Hazard Communication Standard, 29 CFR 1910.1200. Standard must be consulted for specific requirements.

Page 1 of 3

PRODUCT NAME: VOLCLAY FOUNDRY 13T

Section I

MANUFACTURER'S INFORMATION

Manufacturer's Name & Address:

American Colloid Company
1500 West Shure Drive
One North Arlington
Arlington Heights, Illinois 60004

Emergency Telephone Number: 708-392-4600
Telephone Number for Information: 708-392-4600
Date Prepared: June 21, 1991

Section II

HAZARDOUS INGREDIENTS/IDENTITY INFORMATION

Hazardous Components (Specific Chemical Identity: Common Name(s))	OSHA PEL	ACGIH TLV	Other Limits Recommended	% (optional)
Crystalline Quartz CAS# 14808-60-7	-	-	*	2-6%
Respirable Crystalline Quartz			NIOSH	
present (TWA)	0.1mg/m ³	0.1mg/m ³ TWA	50ug/m ³ TWA	<2%
proposed (TWA)		50ug/m ³ TWA	-	-
Nuisance Dust				
- Respirable	5mg/m ³	5mg/m ³	-	-
- Total Dust	15mg/m ³	10mg/m ³	-	-

*** WARNING:**

This clay product contains a small amount of crystalline silica which may cause delayed respiratory disease if inhaled over a prolonged period of time. Avoid breathing dust. Use NIOSH/MSHA approved respirator where TLV for crystalline silica may be exceeded. IARC Monographs on the evaluation of the Carcinogenic Risk of Chemicals to Humans (Volume 42, 1987) concludes that there is "limited evidence" of the carcinogenicity of crystalline silica to humans. IARC classification 2A.

PRODUCT IDENTIFICATION

Chemical Name: Bentonite Clay
Chemical Family: Natural Mineral, Montmorillonite
CAS No.: 1302-78-9
FORMULA: Naturally occurring hydrated aluminosilicate of sodium, calcium, magnesium, and iron
NFPA/HMIS: Health - 0, Fire - 0, Reactivity - 0, Specific Hazard - See Section VI
Dot Class: Not Regulated



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Page 2 of 3

PRODUCT NAME: VOLCLAY FOUNDRY 13T

Section III PHYSICAL/CHEMICAL CHARACTERISTICS

Boiling Point	- Not Applicable	Specific Gravity ($H_2O = 1$)	- 2.5
Vapor Pressure (mm Hg.)	- Not Applicable	Melting Point	- Not Applicable
Vapor Density (AIR = 1)	- Not Applicable	Evaporation Rate (Butyl Acetate = 1)	- Not Applicable
Solubility in Water	- Negligible		
Appearance and Odor	- Pale grey to buff powder or granules, odorless		

Section IV FIRE AND EXPLOSION HAZARD DATA

Flash Point (Method Used)	- Not Applicable	LEL -	UEL -
Flammable Limits	- Not Applicable		
Extinguishing Media	- Not Applicable		
Special Fire Fighting Procedures	- Inorganic Mineral/Non-Flammable		
Unusual Fire and Explosion Hazards	- Not Applicable		

Section V REACTIVITY DATA

Stability	Unstable - Stable - X	Conditions to Avoid - None Known
Incompatibility (Materials to Avoid)	- None Known	
Hazardous Decomposition or By-products	- None Known	
Hazardous Polymerization	May Occur - Will Not Occur - X	Conditions to Avoid - None Known

Section VI HEALTH HAZARD DATA

Route(s) of Entry:	Inhalation?	Yes	Skin?	No	Ingestion?	No
--------------------	-------------	-----	-------	----	------------	----

Health Hazards (Acute and Chronic) - May cause delayed respiratory disease if dust inhaled over a prolonged period of time.

Carcinogenicity:	NTP?	No	IARC Monographs?	Yes	OSHA Regulated?	No
------------------	------	----	------------------	-----	-----------------	----

IARC Monographs on the evaluation of the Carcinogenic Risk of Chemicals to Humans (volume 42, 1987) concludes that there is "limited evidence" of the carcinogenicity of crystalline silica to humans. IARC classification 2A.

Signs and Symptoms of Exposure - Excessive inhalation of dust may result in shortness of breath and reduced pulmonary function.

Medical Conditions Generally Aggravated by Exposure - Individuals with pulmonary and/or respiratory disease including but not limited to asthma and bronchitis should be precluded from exposure to dust.

Emergency and First Aid Procedures - Eyes - Flush with water.
- Gross inhalation of dust - Remove to fresh air; give oxygen or artificial respiration if necessary; get medical attention.



AMERICAN COLLOID COMPANY

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Arlington Heights, Illinois 60004-1434 • USA
(708) 392-4600 • Telex ITT 4330321
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Page 3 of 3

PRODUCT NAME: VOLCLAY FOUNDRY 13T

Section VII PRECAUTIONS FOR SAFE HANDLING AND USE

Steps to be Taken in Case Material is Released or Spilled - Vacuum if possible to avoid generating airborne dust. Avoid breathing dust.
Wear an approved respirator. Avoid adding water, the product will become slippery when wet.

Waste Disposal Method - Follow federal, state and local regulations for solid waste.

Precautions to Be Taken in Handling and Storing - Avoid breathing dust, use NIOSH/MSHA approved respirator where TLV limits for Crystalline Silica may be exceeded.

Other Precautions - Slippery when wet.

Section VIII CONTROL MEASURES

Respiratory Protection (Specify Type) - OSHA standard 1910.134 or ANSI Z88.2-1980 specification.

Ventilation	- Local Exhaust	- As appropriate	Special	- None
	- Mechanical (General)	- As appropriate	Other	- None
Protective Gloves	- Not Required		Eye Protection	- Recommended
Other Protective Clothing or Equipment	- None			
Work/Hygienic Practices	- Use good housekeeping practices.			

The information herein has been compiled from sources believed to be reliable and is accurate to the best of our knowledge. However, American Colloid Company cannot give any guarantees regarding information from other sources, and expressly does not make any warranties, nor assumes any liability, for its use.

20-13

C O V E R

FAX

S H E E T

To: Sal DeTraglia
Company: ABC/NACO Inc. - Downers Grove, IL
Fax #: (630) 852-2264

From: David Cozzi
SET Environmental, Inc.
Date: April 16, 2001
Pages: 4 including this cover sheet.

COMMENTS: Proposal #B104029

Hard copy to follow in mail.

If you want to proceed with referenced proposal, please sign where indicated and return via fax or mail.

Thank you.

From the desk of...

David Cozzi
Senior Environmental Analyst

SET Environmental, Inc.
Your Partner in Environmental Management

SET Environmental, Inc.
450 Sumac Road
Wheeling, IL 60090
dcozzi@setenv.com

Phone: (847) 537-9221
Fax: (847) 537-9265

SET Environmental, Inc.

450 Sumac Road
 Wheeling, Illinois 60090-6382
 Tel: (847) 537-9221 • Fax (847) 537-9265

April 16, 2001

B104029

Mr. Sal DeTraglia
 ABC/NACO Inc.
 2001 Butterfield Road, Suite 502
 Downers Grove, IL 60515

RE: Transportation, Disposal, Profiling, and Analysis of one (1) 55 gallon drum of 'Core Wash', one (1) 55 gallon drum of 'Glycol FR Fluid', one (1) 55 gallon drum of 'Waste Oil', one (1) 55 gallon drum of 'Warm Box Catalyst', four (4) 55 gallon drums of 'FAS Solvent', one (1) 55 gallon drum of 'Waste Compressor Oil', one (1) 55 gallon drum of 'Poseco Sand Binder', two (2) 55 gallon drums of 'Chem Rez 057853', one (1) 55 gallon drum of 'Environ Therm Resin', one (1) drum of 'Zip Slip LP78', one (1) 'Transformer' and two (2) 'Oil Switches', all located at your Melrose Park, Illinois facility.

Dear Mr. DeTraglia:

SET Environmental is pleased to provide the following proposal for the safe and proper management of the above referenced chemical waste. A detailed breakdown of costs is provided to assist you in making the most informed decision possible.

Proposed Pricing:Profiling and Analysis

Permit/Profiling Fee to disposal site - (assume 12 waste streams)	\$ 75.00/waste stream
Qualitative Unknown Identification Analysis (assume 1 sample)	\$ 250.00/sample
PCB Scan (assume 4 samples)	\$ 95.00/sample

Materials/ Equipment

85 gallon overpack drums (assume 2 drums)	\$ 125.00/each
---	----------------

Disposal Services

'Core Wash'	\$ 85.00/drum
'Glycol FR Fluid'	\$ 110.00/drum
'Waste Oil'	\$ 95.00/drum
'Warm Box Catalyst'	\$ 285.00/drum
'FAS Solvent'	\$ 95.00/drum
'Waste Compressor Oil'	\$ 95.00/drum
'Poseco Sand Binder'	\$ 285.00/drum
'Chem Rez 057853'	\$ 195.00/drum
'Environ Therm Resin'	\$ 285.00/drum
'Zip Slip LP78'	\$ 150.00/drum
'Transformer'	\$ 0.85/lb. gross weight
'Oil Switches'	\$ 0.75/lb. gross weight

M:\WP\DC-TOU\101005-ABC

SET Environmental, Inc.

ABC/NACO Inc.

B104029

Page 2 of 3

Note: Final disposal rate will be based on one quart representative sample, analysis report and actual acceptance into the designated disposal facility.

Waste Disposal Option(s): Fuels blending, Stabilization followed by landfill

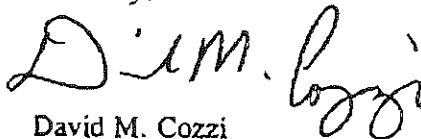
Transportation Services

Transportation charge for 'Transformers' and 'Switches'	\$ 1,450.00/load
Pickup charge of all drums	\$ 300.00/load
Demurrage (After 2.0 hours loading and 2.0 hours unloading)	\$ 78.00/hour

Total Estimated Project Cost: \$ 5,875.00

If you have any further questions, please feel free to call me at (847) 537-9221 x 129.

Sincerely,



David M. Cozzi
Senior Environmental Analyst
DMC/js

Conditions of Proposal

1. Pricing is valid for sixty (60) days from the date of this proposal.
2. Payment is due thirty (30) days from the date of invoice. Subject to credit approval.
3. Drummed material must be in DOT UN-certified performance-oriented packagings.
4. Non-conforming wastes that are rejected at the disposal facility will be returned to the generator at 100% transportation.
5. SET Environmental provides information in good faith regarding available recycling, treatment, and disposal options to assist our customers in disposal site selection. Customer acknowledges that the decision to ship waste to the site(s) specified in this proposal is their own. Furthermore, customer acknowledges that SET is not liable under CERCLA or any other body of legislation in regards to disposal site selection.

SET Environmental, Inc.

ABC/NACO Inc.

Page 3 of 3

B104029

*Your signature below indicates your acceptance of the pricing, terms and conditions set forth in this proposal.

CUSTOMER ACCEPTANCE:

ABC/NACO Inc. - Downers Grove, IL

(Name/Title)

(Date)

(Authorized Signature)

(P.O.#)

✧ New 24-Hour Emergency Toll-Free Number: 1-877-43SPILL (1-877-437-7455) ✧

**ABC – NACO
NATIONAL CASTINGS DIVISION
ENVIRONMENTAL CONTROL PROCEDURES**

BAGHOUSE DUST COLLECTORS

The following procedures are required to control particulate emissions of baghouse dust for disposal.

ARC FURNACE DUST

- A. Personal Protective Equipment
 - 1. Required ABC-NACO standard issue PPE.
 - 2. Disposable protective coveralls
 - 3. Leather gloves
 - 4. 3M 6000 series respirator with 2091 filter **OR** 3M W-3265 PAPR respirator with W-3267 filter
- B. An Aurora hopper must be placed directly under the discharge chute. Disposable bag must be firmly secured to the discharge chute and be inside the aurora hopper. The doors must be kept closed at each chamber.
- C. Fill bag to $\frac{3}{4}$ capacity (do not overfill) and secure bag opening with duct tape or plastic/wire ties.
- D. Transport hopper and contents to the special waste roll-off container with the **plastic**
- E. **liner** located outside the Melt Shop and deposit bag into container.
- F. All spills must be immediately cleaned up using a broom, shovel, and plastic bag to contain spilled material. Seal bag with duct tape or plastic/wire and place in box with plastic liner.

ARC FURNACE DUST FILTERS

- A. Personal Protective Equipment
 - 1. Same as indicated for Arc Furnace Dust collection and removal.
- B. When it becomes necessary to change the collection filters in the Arc Furnace dust collectors, the used filters will be placed inside a plastic bag and placed on top of the loaded and lined special waste roll-off containers. (Our special waste removal contractor uses "hazardous debris procedures" that are followed to handle this type of waste.)

Topic: PERSONAL PROTECTIVE EQUIPMENT/RESPIRATOR

Conducted by: D. C. SCHNEIDER

Date: 3/27/01

Name _____

Employee ID #

CHARLES A. HOSS 29	LABORER	2341
--------------------	---------	------

Atanacio Aleman	LAROC	2711
-----------------	-------	------

Michael M. Lewis mechanic 3157

Foreman to School	GEN. FOREMAN MAINT
-------------------	--------------------

Play Thompson J.	Mechanic	2179
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INCLUDES INFORMATION PACKET

PERSONNAL PROTECTIVE EQUIPMENT

ABC-NACO REQUIRED PPE
TYVEC SUIT
GLOVES (WHEN NEEDED)
APPROPRIATE RESPIRATOR

3M 6000 SERIES RESPIRATOR WITH 2091 PARTICULATE
FILTER OR
3M 7000 SERIES PAPR RESPIRATOR WITH 3267 FILTER

TRAINING ON CARE AND MAINTENANCE OF PPE. .
RESPIRATOR CARE, MAINTENANCE (INCLUDING CLEANING), SAFE WORK PRACTICES,
AND LIMITATIONS HAS BEEN EXPLAINED.

BAG HOUSE CREW

2-3

Safety Meeting Sign-up Sheet

Topic: BAG HOUSE DUST COLLECTION PROCEDURES

Conducted by: D C SCHNEIDER

Date: 4 April 2001

Please sign in below:

Name

Employee ID #

CHARLES HOSS 24, VHOOR

2341

Atanacio Plemo LABOR

2711

Michael Plemo Mechanic

2157

Poly Thompson Jr. Mechanic

2179

Norman D. Nelson FORMER

SALARY

Supervisor's signature

BAG HOUSE CREW

PERSONAL PROTECTIVE EQUIPMENT (PPE)

BASIC ISSUE

- ☒ HARD HAT
- ☒ SAFETY EYEGLASSES
- ☒ SAFETY SHOES WITH METATARSAL GUARDS

OTHER

☒ TYVEC SUIT

OPTIONAL PPE

- ☐ BURNING GLASSES
- ☐ BURNING GOGGLES
- ☐ GOGGLES
- ☐ FACESHIELD/HIGH HEAT FACESHIELD
- ☐ BLUE/GREEN FURNACE GLASSES - MELT SHOP
- ☐ WELDING HELMET WITH PROTECTIVE LENSE
- ☐ WINTER/SUMMER HELMET LINERS (OPTIONAL)

- ☐ GREEN NECK PROTECTOR
- ☐ SLEEVES
- ☐ CHIPPER LEATHERS (APRONS, CAPES, SPATS)
- ☐ WELDER LEATHERS (APRONS, CAPES, SPATS)
- ☐ FLAME RETARDANT GREENS (JACKET AND/OR TROUSERS)
- ☐ ALUMINUM WEAR (COATS, PANTS, SPATS)

- ☐ HARD HAT - ELECTRICIAN
- ☐ HARD HAT MELT SHOP

- ☒ GLOVES (LEATHER, RUBBER, COTTON)
- ☐ GLOVES - ALUMINUM (A/W, MELT)

- ☒ RESPIRATORS
 - 8511, 8512,
 - 5000 SERIES (ACID GAS/ ORGANIC VAPOR SPRAY PAINTER)
 - OR → 6000 SERIES (BAG HOUSE)
 - OR → PAPR (BAG HOUSE/DUST COLLECTORS, SHAKEOUT)

- ☐ HEARING PROTECTION (EAR PLUGS, MUFFS)

DEPT: MELT CORE- SLINGER SLINGER NORTH CERAMIC
(CIRCLE SHOP ROOM MOLD FINISH FINISH SHELL
ONE)
SANDLAB METLAB SHIP/REC MAINT PATTERN QA INSP
SHOP

**BAG HOUSE CREW
PPE/RESPIRATOR REQUIREMENTS
ABC-NACO
NATIONAL CASTINGS, DIV.
CICERO**

Tyvek® Deluxe Coveralls

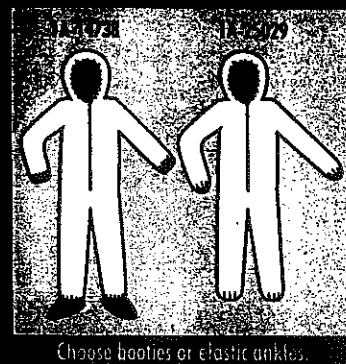
Bend, stoop, reach and work more easily wearing Lab Safety Supply Tyvek® Deluxe Coveralls. Generous sizing keeps you more comfortable during motion. Unique three-dimensional design offers more freedom of movement for your arms, body and legs. Our great quantity pricing on Tyvek gives you extra room in your budget, too!

Built-in gussets give you more freedom of movement

Tapered torso for better fit and less bulk

*Available in Tall sizes for even more length in arms and legs!

Slip-resistant booties provide sure footing



Tyvek® Deluxe Coveralls with Elastic Face Hood Offers Less Restriction than Standard Designs

Keep more areas of your body covered and protected against harmful particulates. User-friendly design gives you more room with less binding while you're working.

Specifications: Hood has elastic gathers to cover your head yet allows plenty of room for full-face respiratory protection. **Coverall with Hood, Elastic Wrists and Booties** has attached slip-resistant booties to give you sure footing. Also available in **Tall size**. **Coverall with Hood, Elastic Wrists and Ankles** provides snug-fitting protection and helps seal out contaminants. Tapered torso with inset sleeves and built-in gussets gives you roomy comfort. Full-length zipper. Serged seams. White only. **Compliance:** Meets sizing requirements of ANSI/ISEA 101-1996. **Please Specify Men's Size:** S, M, L, XL, XXL, XXXL.

<p>For proper fit, please refer to the following chart. Proper fit is essential for maximum protection. The coverall is designed to provide protection in such critical areas as the head, neck, torso and limbs. To require ANSI-sized garment.</p>				
Large	40-42	44-46	48-50	52-54
XLARGE	46-48	50-52	54-56	58-60

Order by Phone 1-800-356-0783 | Order Online www.labsai.com

at a price you
can afford

IsoClean® Tyvek® Cleanroom Garments

**Better Particulate
Control at a
Price That's Right**

Combines the proven filtration properties of Tyvek with a flexible, roomy design to bring you the most effective and economical limited-use garments available. Tyvek provides unmatched particle shielding—perfect for cleanroom environments. All garments are processed at a professional cleanroom laundry after manufacturing and individually polybagged and sealed.

Specifications: Coverall features tapered torso and sleeves to reduce unnecessary fabric bulk. Tunnelized elastic wrists and ankles, plus modified neckline assure optimum particle containment. Lengthened back and forward-rotated shoulder openings comfortably accommodate cleanroom work positions. Zippered front. Bound seams. **Open-Face Hood** covers shoulders. Snap front closure. Bound seams. **20"-High Boot Covers** feature slip-resistant PVC soles to guard against falls. Elastic ankles provide an extra measure of security. Bound seams. Knee-length **Frock** gives you tapered sleeves with tunnelized elastic wrists, a five-snap front closure and Mandarin collar to provide comfortable protection at your neckline. Serged seams.

Please Specify Size for Coverall and Boot Covers: M, L, XL.

Pro/Clean™ Cleanroom Apparel

**Times Cleaner Than
Conventional Disposables**

Using Pro/Clean, the first disposable garment to actually challenge reusable reusables for cleanliness and cost. A great choice for light splash protection.

Specifications: Made of Pro/Shield® 2—a microporous polypropylene film laminated to a polypropylene non-woven fabric. Breathable to allow body vapor escape to help you stay cool. Holds in all dry particulates down to 0.19 microns in size. Extremely low-linting and anti-static treated. Resists abrasion, staining and tearing. Serged seams. **Specify Size: M, L, XL.**



Coverall options

KLEENQUARD® Coveralls

And more... Kleenquard® coveralls are designed for maximum protection in cleanroom environments. They feature a unique design that provides superior particle shielding and breathability. Available in a variety of styles to meet your specific needs.

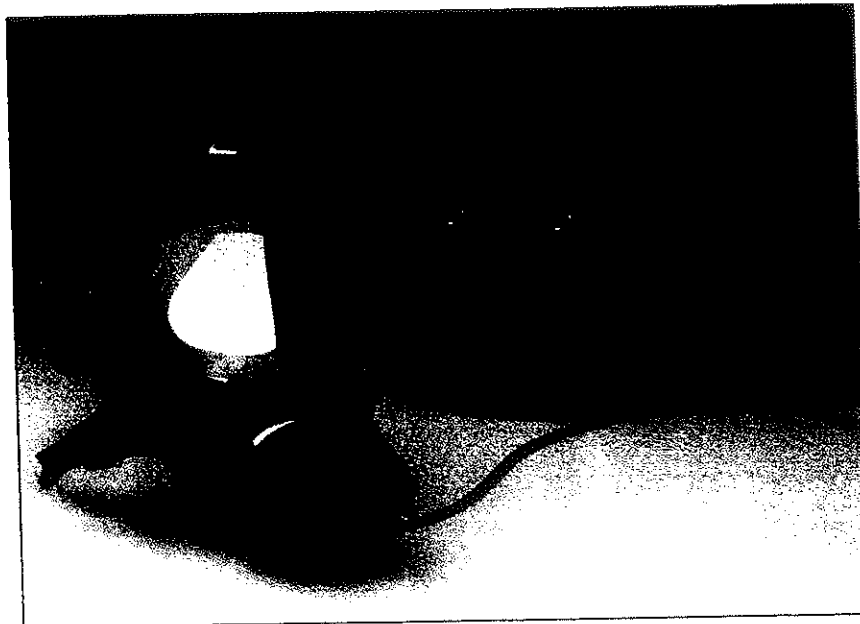
Specifications: Kleenquard® coveralls are made of a high-quality, non-woven fabric that provides excellent particle shielding and breathability. They feature a unique design that provides superior particle shielding and breathability. Available in a variety of styles to meet your specific needs. **Please Specify Item Size: M, L, XL.**

3M

Powered Air Purifying Respirator

Face-Mounted
W-3265S

photo#4676



Powered Air and
Supplied Air Respirators

The 3M™ W-3265S Face-Mounted Powered Air Purifying Respirator's weight is evenly distributed for a comfortable and secure fit. This compact system is balanced by having the motor blower inside the facepiece. The low profile design provides a good field of vision and makes working in tight spots easier. The face-mounted PAPR uses a single HEPA filter for dusts, mists, fumes and radionuclides, making it ideal for lead, asbestos and other hazardous particulate environments.

Features & Benefits

- NIOSH approved
- Lightweight
- Durable silicone facepiece
- Compact, low profile
- High efficiency filter
- Intrinsically safe electrical components
- Filter cover
- W-3265S available in two facepiece sizes:
 - W-3265S-M (medium)
 - W-3265S-L (large)



Suggested Applications

- Abatement
- Nuclear/utilities
- Smelting
- Lead reclamation
- Pharmaceutical
- Foundry/steel
- Welding (W-3275L)
- Nuclear



▲ WARNING !

These respirators help reduce exposure to certain airborne contaminants. Misuse may result in sickness or death. Before use, the wearer must read and understand User Instructions provided as a part of product packaging. Call 3M OH&ESD Technical Service.

Important

Before using these respirators, you must determine the following:

1. The type of contaminant(s) for which the respirator is being selected.
2. The concentration level of contaminant(s).
3. Whether the respirator can be properly fitted on the wearer's face. All respirator instructions, warnings and use and time limitations must also be read and understood by the wearer before use.

3M™ Face-Mounted PAPR Model W-3265S

Specifications

Weight

- Facepiece, blower assembly and filter: 1.6 lbs. (0.73 kg)

Battery

- Service time: after 14-16 hours charge, up to 8 hours
- Life: up to 500 charge/discharge cycles (dependent on conditions).

Fan Assembly

- Approximately 1000 hours (depending on use conditions)

Maximum Use Concentrations

For use up to 1000 x PEL for full facepieces or applicable OSHA or other government limits, whichever is lower.

Additional Information

To receive additional information, call our Fax on Demand at 1 800 646-1655 and request a document number, or see the appropriate page in this Resource Guide, as listed below.

Description	Document # / Page #
Respirator Fit Testing	page A17
Battery Maintenance Technical Bulletin	page D52
Intrinsic Safety Summary	page D54



photo#5885

System Includes:

- 7800S silicone full-face
- 7890 facepiece plugs (2)
- W-2933 battery charger
- W-2954 battery
- W-3217 waist belt
- W-3266 motor blower unit
- W-3267 HEPA filter
- W-3269 flow meter
- W-3271 filter cover

Ordering Information

Model	Description	UPC Code	National Stock #
W-3265S-L	Size: large 1 respirator/case	0 00 51138 28937 9	4204-01-356-8495
W-3265S-M	Size: medium 1 respirator/case	5 00 51138 28937 9	NA

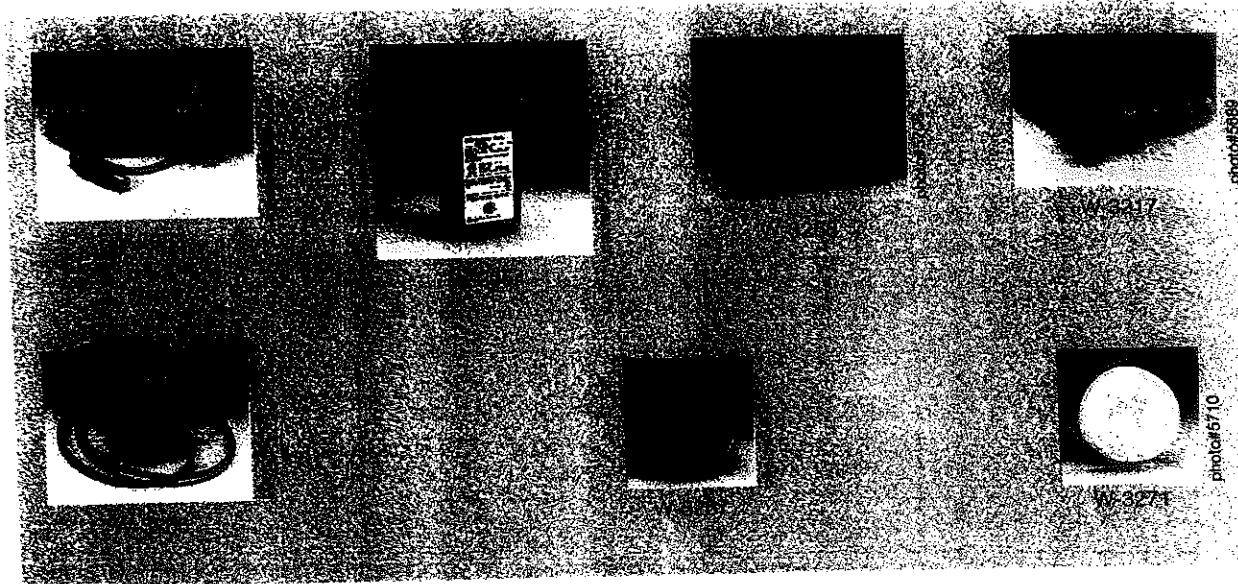
Please contact your local 3M distributor to place an order. To determine the location of the 3M distributor nearest you, simply call 1 800 896-4223.



Fax on Demand: 1 800 646-1655
E-mail: occsafety@mmm.com
Web Site: www.3M.com/occsafety

Powered Air and
Supplied Air Respirators

3M Face-Mounted PAPR Model W-3265S



Powered Air and
Supplied Air Respirators

Replacement Parts for Face-Mounted Powered Air Purifying Respirators Model W-3265S

Ordering Information		Packaging	UPC Code	National Stock #
Model	Description			
7800S-L	Full Facepiece, Large	1/box 1 box/case	5 00 51138 54259 2	4240-01-301-3200
7800S-M	Full Facepiece, Medium	1/box 1 box/case	5 00 51138 54258 5	4240-01-342-5239
7890	Full Facepiece Plugs (2)	4/box 5 box/case	5 00 21200 60331 5	N/A
7925	Spectacle Kit	1/box 1 box/case	0 00 51138 28918 8	4240-01-395-4128
W-2933	Battery Charger	1 pack	0 00 51138 16206 1	4240-01-248-8132
W-2954	Battery	1 pack	0 00 51138 19289 1	4240-01-248-8131
W-3217	Waist Belt, Urethane Coated	1 pack	0 00 51138 21402 9	4240-01-301-4375
W-3266	Motor Blower Unit	1 pack	0 00 51138 21607 8	4240-01-356-8907
W-3267-36	HEPA Filter	36/pack	5 00 51138 46382 8	4240-01-357-6427
W-3268-5	Grill Cover	5/pack	0 00 51138 21609 2	4240-01-356-8909
W-3269	Flow Meter	1/pack	0 00 51138 21610 8	4240-01-357-6428
W-3270-10	Face-Mounted Filter Gasket	10/pack	0 00 51138 21611 5	4240-01-356-8910
W-3271-5	Filter Cover	5/pack	0 00 51138 21644 3	4240-01-356-890E

Please contact your local 3M distributor to place an order. To determine the location of the 3M distributor nearest you, simply call 1 800 896-4223.

A complete description of the 7800S Full Facepiece can be found on page C128. Accessories for this product start on page C132.

Fitting Instructions (must be followed each time respirator is worn)



1. Place the respirator over your mouth and nose, then pull the head harness over the crown of your head.



2. Take the bottom straps in both hands, place them in back of your neck, and hook them together.



3. Position the facepiece low on the bridge of your nose for optimal visibility and the best possible fit.



4. Adjust top straps first by pulling on the ends. **DO NOT pull too tight!** (Strap tension may be decreased by pushing out on back side of buckles.) Perform a positive pressure and/or negative pressure facefit check. The positive pressure method is recommended.

Note : Use of the prefilter retainer may aid the respirator wearer in conducting a negative pressure facefit check.

Inspection Procedure

The 6000 Series Respirator must be inspected before each use to ensure that it is in good operating condition. The facepiece should be disposed of upon observation of damaged or defective parts. The following inspection procedure is suggested.



1. Check the facepiece for cracks, tears and dirt. Be certain the facepiece, especially the face seal area, is not distorted.
2. Examine the inhalation valves for signs of distortion, cracking or tearing. Lift valves and inspect valve seal for dirt or cracking.
3. Examine that the head straps are intact and have good elasticity.
4. Examine all plastic parts for signs of cracking or fatiguing. Make sure the gaskets are properly seated.
5. Remove the exhalation valve cover and examine the exhalation valve and valve seal for signs of dirt, distortion, cracking or tearing. Replace the exhalation valve cover.



Cleaning and Storage Instructions



1. Cleaning is recommended after each use. Remove the cartridges and/or filters.
2. Clean the facepiece (excluding filters and cartridges), with 3M Brand 504 Respirator Wipes or by immersing in warm cleaning solution, water temperature not to exceed 120°F, and scrub with soft brush until clean. Add neutral detergent if necessary. Do not use cleaners containing lanolin or other oils.
3. Rinse in fresh, warm water and air dry in noncontaminated atmosphere.
4. Respirator components should be inspected prior to each use. A respirator with any damaged or deteriorated components should be discarded.
5. The cleaned respirator should be stored away from contaminated areas when not in use.

Instructions For Positive and Negative Facefit Checks For 2000 Series Filters

Always Fit Check the Seal of the Respirator on Your
Face Before Wearing



POSITIVE PRESSURE FIT CHECK
Place the palm of your hand over the exhalation valve cover and exhale gently. If the facepiece bulges slightly and no air leaks are detected between your face and the facepiece, a proper fit has been obtained. If face seal air leakage is detected, reposition the respirator on your face and/or readjust the tension of the elastic straps to eliminate the leakage. Repeat the above steps. If you cannot achieve a proper fit, DO NOT enter the contaminated area. See your supervisor.



NEGATIVE PRESSURE FIT CHECK
Place your thumbs onto the center portion of the filters, restricting the airflow into the breathing tube of the filter, and inhale gently. If you feel the facepiece collapse slightly and pull closer to your face with no leaks between the face and the facepiece, a proper fit has been obtained. If face seal air leakage is detected, reposition the respirator on the face and/or readjust the tension of the straps to eliminate the leakage. Repeat the above steps until a tight face seal is obtained. If you cannot achieve a proper fit, DO NOT enter the contaminated area. See your supervisor.

To Attach the 2000 Series Filters to the 6000 Series Facepiece

Align opening of filter with filter adaptor on facepiece. Turn filter clockwise until it is firmly seated and cannot be further turned. Repeat for second filter.

<p align="center">PERMISSIBLE RESPIRATOR FOR DUSTS, FUMES, MISTS, RADIONUCLIDES, RADON DAUGHTERS AND ASBESTOS-CONTAINING DUSTS AND MISTS</p>		
<p align="center">U.S. Department of Labor MSHA Mine Safety and Health Administration</p>	<p align="center">U.S. Department of Health and Human Services Federal Center for Disease Control NIOSH National Institute for Occupational Safety and Health</p>	
<p align="center">APPROVAL NO. TC-21C-548 Issued To 3M, ST. PAUL MINNESOTA, U.S.A. LIMITATIONS</p>		
<p>Approved for respiratory protection against dusts, fumes, and mists having a time-weighted average less than 0.05 milligram per cubic meter, radionuclides, radon daughters attached to the dusts, fumes and mists described above and asbestos containing dusts and mists</p>		
<p>Not for use in atmospheres immediately dangerous to life or health</p>		
<p>Not for use in atmospheres containing less than 19.5 percent oxygen</p>		
<p>Not for use in atmospheres containing toxic gases and vapors</p>		
<p align="center">CAUTION</p>		
<p>In making renewals or repairs, parts identical with those furnished by the manufacturer under the pertinent approval shall be maintained</p>		
<p>Follow the manufacturer's instructions for changing filters</p>		
<p>This respirator shall be selected, fitted, used, and maintained in accordance with the Mine Safety and Health Administration, Occupational Safety and Health Administration and other applicable regulations</p>		
<p align="center">MSHA-NIOSH APPROVAL TC-21C-548 ISSUED TO 3M APRIL 17, 1991 FOR DUSTS, FUMES, MISTS, RADIONUCLIDES, RADON DAUGHTERS AND ASBESTOS-CONTAINING DUSTS AND MISTS</p>		
<p>The approved 6140, 6240 and 6340 assembly for dusts, fumes, mists, radionuclides, radon daughters and asbestos containing dusts and mists consists of the following 3M parts: 6100 or 6200 or 6300 facepiece assembly and 2040 (TC-21C-488) filters</p>		

	<p align="center">WARNING</p> <p>Use product before expiration date. This respirator helps protect against certain airborne contaminants. Misuse may result in sickness or death. For proper use, see instructions, ask supervisor, or call OH&ESD Technical Service at 1-800-243-4630.</p>
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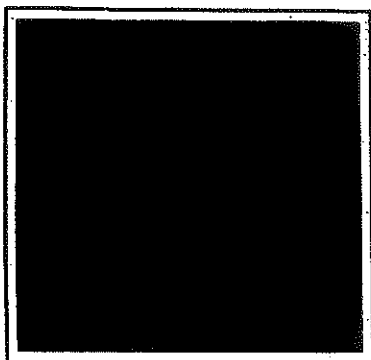
Use Instructions

1. Failure to follow all instructions and limitations on the use of this respirator and/or failure to wear this respirator during all times of exposure, can reduce respirator effectiveness and may result in sickness or death.
2. The dusts, fumes, mists, gases and vapors which can be dangerous to your health include those which you cannot see.
3. Before use, the wearer must first be trained by the employer in proper respirator use in accordance with applicable safety and health standards.
4. OSHA standard 1910.134 (e) (5) requires that the wearer be fit tested.
5. Leave the contaminated area immediately and replace respirator if:
 - a) It becomes damaged.
 - b) You taste or smell contaminants or an irritation occurs.
 - c) Breathing becomes difficult.
 - d) Dizziness or other distress occurs.
6. Store this respirator away from contaminated areas when not in use.
7. The filters or prefilters must be replaced as soon as increased breathing resistance occurs.

Use Limitations

1. This respirator does not supply oxygen. Do not use in atmospheres containing less than 19.5% oxygen.
2. Do not use when concentrations of contaminants are immediately hazardous to life and health, are unknown, or when the contaminant concentrations exceed 10 times the permissible exposure limit or applicable OSHA limits, whichever is lower.
3. For specific applications consult an industrial hygienist or call OH&ESD Technical Service at 1-800-243-4630.
4. Do not alter, abuse or misuse this respirator.
5. Do not use with beards or other facial hair or other conditions that prevent direct contact between the face and the edge of the respirator.

3M 2091



Filter P100 Particulate

Filtre P100 contre les particules

Filtro P100 contra partículas

Filtro P100 para partículas tóxicas

For use only with 3M™ 5000 Series Respirators, 3M™ 6000 and 3M™ 7000 Series Facepieces
Utiliser seulement avec les respirateurs 3M™ de série 5000 et les masques 3M™ des séries 6000 et 7000
Para usar con los respiradores 3M™ de las Series 5000, 6000 y 7000
Para usar com respiradores 3M™ séries 5000, 6000 e 7000

2

contenido 2 filtros

contém 2 filtros

PRODUIT APPROUVÉ
42CFR84
APPROVED PRODUCT

3M 2091

Filter P100 Particulate
User Instructions

Filtre P100 contre les particules
Directives d'utilisation

Filtro P100 contra partículas
Instrucciones de uso

Filtro P100 para partículas tóxicas
Instruções para o usuário



⚠ WARNING

This filter helps protect against certain particles. Misuse may result in sickness or death. For proper use, see supervisor, or instructions, or call 3M in U.S.A., 1-800-247-3941. In Canada, call 1 (519) 452-6137 or 1-800-285-1840, ext. 6137.

⚠ MISE EN GARDE

Ce filtre protège contre certaines particules. Sa mauvaise utilisation peut provoquer des problèmes de santé ou la mort. Pour tout renseignement sur l'utilisation adéquate de ce filtre, consultez son superviseur, lisez les directives d'utilisation ou communiquez avec la Division des produits d'hygiène industrielle et de sécurité environnementale de 3M aux États-Unis en composant le 1 800 247-3941. Au Canada, composez le (519) 452-6137 ou le 1 800 285-1840 (poste 6137).

⚠ ADVERTENCIA

Este respirador protege contra ciertas partículas. El uso incorrecto puede ser causa de enfermedad o muerte. Para saber cómo usarlo correctamente, consulte a su supervisor, las instrucciones o llame al Servicio Técnico de la División OH&ESD de 3M México al 1-800-712-0646 gratuitamente.

⚠ ADVERTÊNCIA

Este filtro ajuda a proteger contra certas partículas e proporciona alívio para incômodos provocados por gases irritantes. O uso inadequado pode causar enfermidade ou morte. Para o uso correto, veja instruções de ajuste na caixa, consulte seu supervisor ou as instruções, ou chame a 3M pelo número 0800-550705.

For use only with 3M™ 5000 Series Respirators, 3M™ 6000 and 3M™ 7000 Series Facepieces.

Utiliser seulement avec les respirateurs 3M™ de série 5000 et les masques 3M™ des séries 6000 et 7000.

Para usar solamente con respiradores 3M™ de las Series 5000, 6000 y 7000.

Para usar somente com respiradores 3M™ séries 5000 e peças faciais 3M™ séries 6000 e 7000.

IMPORTANT:

Before use, the wearer must read and understand these *User Instructions*, and the 3M™ 5000 Series Respirator, 3M™ 6000 or 3M™ 7000 Series Facepiece *User Instructions* enclosed with these products. Keep insert for reference. These filters are NIOSH approved only for use with 3M 5000 Series respirators, 3M 6000 and 3M 7000 Series facepieces.

Use For:

Solids such as those from processing minerals, coal, iron ore, cotton, flour, and certain other substances. Liquid or oil based particles from sprays that do not also emit vapors. Metal fumes produced from welding, brazing, cutting and other operations involving heating of metals. Radioactive particulate materials such as uranium and plutonium. Asbestos.

Do Not Use For:

Gases and vapors, including those present in paint spray operations, unless combined with approved chemical cartridges. Sandblasting.

Use Instructions:

1. Failure to follow all instructions and limitations on the use of filters and/or failure to wear these filters during all times of exposure can reduce respirator effectiveness and may result in sickness or death.
2. Before occupational use of these filters, a written respiratory protection program must be implemented meeting all the requirements of OSHA 29 CFR 1910.134 such as training and fit testing and applicable OSHA substance specific standards. In Canada, CSA standard Z94.4-93 requirements must be met.
3. The particles which can be dangerous to your health include those so small you cannot see them.
4. Leave the contaminated area immediately and contact supervisor if dizziness, irritation or other distress occurs.
5. Store the filters and respirator away from contaminated areas when not in use.
6. Dispose of used product in accordance with applicable regulations.

Use Limitations:

1. These filters do not supply oxygen. Do not use in atmospheres containing less than 19.5% oxygen.
2. Do not use when concentrations of contaminants are immediately dangerous to life and health, are unknown, or when concentration exceeds 10 times the permissible exposure limit (PEL) with half facepiece respirators or 50 times the PEL with full facepiece respirators, or according to specific OSHA standards or applicable government regulations, whichever is lower.
3. Do not alter, abuse or misuse these filters and/or respirator.
4. Do not use with beards or other facial hair or other conditions that prevent a good seal between the face and the facepiece of the respirator.

Time Use Limitation:

1. If filters become damaged, soiled, or breathing becomes difficult, leave the contaminated area and dispose of the filters.
2. If used in environments containing only oil aerosols, dispose of filters after 40 hours of use or 30 days, whichever is first.

IMPORTANT :

Avant de se servir du produit, l'utilisateur doit lire et comprendre les présentes directives d'utilisation ainsi que celles se rapportant au respirateur 3M™ de série 5000 et au masque 3M™ de série 6000 ou 7000. Conserver la notice à titre de référence. Ces filtres sont homologués par le NIOSH pour être utilisés uniquement sur les respirateurs 3M™ de série 5000 et les masques 3M™ de série 6000 ou 7000.

Protège contre :

Les particules solides dégagées pendant le traitement des minéraux, du charbon, du minerai de fer, du coton, de la farine et de certaines autres substances. Les particules liquides ou à base d'huile provenant d'aérosols mais ne dégageant pas de vapeurs nocives. Les fumées métalliques dégagées pendant les opérations mettant en jeu le chauffage des métaux, comme le soudage, le brasage et le coupage. Les particules radioactives, comme l'uranium et le plutonium. L'amiante.

Ne protège pas contre :

Les gaz et les vapeurs, y compris ceux qui sont dégagés pendant les travaux de peinture en aérosol, à moins que les filtres ne soient combinés aux cartouches chimiques homologuées pour cette utilisation. Les particules dégagées pendant le décapage au jet de sable.

Directives d'utilisation :

1. Tout manquement aux directives et aux restrictions relatives à l'utilisation de ces filtres pendant la durée complète de l'exposition peut diminuer l'efficacité du respirateur et peut provoquer des problèmes de santé ou la mort.
2. Avant d'utiliser ces filtres en milieu professionnel, vous devez mettre sur pied un programme de protection respiratoire écrit, conforme au règlement 29 CFR 1910.134 de l'OSHA, en matière de formation et d'essai d'ajustement par exemple, et aux normes sur les substances de l'OSHA. Au Canada, vous devez vous conformer à la norme CSA Z94.4-93.

EMERGENCY COORDINATOR/ALTERNATE AND SAFETY DIRECTOR IDENTIFICATION

To be notified in case of emergency situations:

Emergency Coordinator:

Russ Bagnuolo
Plant Manager
Office Phone: (708) 863-4800 ext. 434

SAFETY DIRECTOR:

Dan Schneider
Safety Director
Office Phone: (708) 863-4800 ext. 418

NOTE: The Safety Director is to be notified at the same time as the Coordinator or Alternate during emergency situations.

Alternates: Bob Thielmann
Maintenance Manager
Office Phone (708) 863-4800 ext. 213

Marc Marshall
Engineering Manager
Office Phone: (708) 863-4800 ext. 206

DUTIES AND RESPONSIBILITIES OF THE EMERGENCY COORDINATOR/ALTERNATE

At all times, there will be at least one employee either on the facility premises or on call (i.e., available to respond to an emergency by reaching the facility within a short period to time), with the responsibility for coordination all emergency response measures. This Coordinator /Alternate is thoroughly familiar with; all aspects of the facility: contingency plan; all operations and activities at the facility; the location and characteristics of waste handled; the location of all records within the facility layout. . In addition, this person has the authority to commit the resources needed to carry out the contingency plan for this facility.

The Emergency Coordinator/Alternate will be expected to accomplish the following:

A) When there is an imminent or actual emergency situation he will:

- 1) Activate internal facility alarms or communications systems, where applicable, to notify all facility personnel of an emergency.
- 2) Notify appropriate Local, State, or Federal agencies designated for response roles-if assistance is required.

B) Whenever there is a release, fire or explosion, immediately identify the character, source, amount and area extent of any released materials.

C) Will assess possible hazards to human health or the environment that may result from the Release, fire or explosion, including the effects of any gases generated or resulting surface water run-offs due to fire control measures.

D) If the Emergency Coordinator/Alternate determines that the facility has had a release, fire or explosion which would threaten human health, or the environment, outside the facility he will report his findings as follows:

- 1) If the assessment indicates that evacuation of Local areas may be advisable, Appropriate Local authorities will be notified (see Attachment 111-Emergency Situation Agency Telephone Numbers)
- 2) The Coordinator/Alternate will immediately notify either the Government Official Designated as the On-Scene Coordinator for the Geographical area, or the National Response Center (using their 24 hour toll free number).

DUTIES & RESPONSIBILITIES OF THE EMERGENCY COORDINATOR/ALTERNATE-continued**D) Continued**

This report is to include:

- a) Name and telephone number of reporter.
 - b) Name and address of facility involved.
 - c) Time of incident occurrence and type of incident (release, fire or explosion).
 - d) Name and quantity of hazardous materials involved.
 - e) The extent of injuries, if any.
 - f) The possible hazards to human health, or the environment, outside the facility.
- E) Will take all reasonable measures necessary to ensure that fires, explosions, and Releases do not occur, recur, or spread to other facility areas. These measures will include stopping processes and operations as required.
- F) Immediately after an emergency will provide for treating, storing, or disposing of recovered waste, contaminated soil, or surface water, or any other resulting material from release, fire, or explosion.
- G) Will ensure that the affected areas of the facility are cleaned up and all emergency equipment utilized during the emergency situation is cleaned and fit to use prior to resuming facility operations.
- H) He will notify the Regional Administrator and the appropriate State and Local Authorities that facility has returned all emergency equipment back into usable condition prior to resuming facility operations.
- I) Will note in the operating record the time, date and details of any incident that requires implementing the contingency plan. Within fifteen days after the incident, he will submit a written report on the incident to the Regional Administrator. The report will include: Name, Address, and Telephone Number of the Owner or Operator; Name, Address, and Telephone Number of the Facility; Date, Time, and Type of Incident; Name and Quantity of Hazardous Waste Involved; The extent of injuries, if any; An Assessment of Actual or Potential Hazards to humal health or the Environment; Estimate the Quantity and Disposition of any Recovered Material resulting from the incident.

Safety Meeting Sign-up Sheet

Emergency Situation Response duties and responsibilities for Emergency Coordinator/Alternate Coordinator and Safety Manager as outlined in the

Topic: ABC-NACO "Contingency Plan"

Conducted by: D. C. SCHNEIDER

Date: 14 MAY 2001, 6 AUGUST 2001

Please sign in below:

Name

Kyle J. Paul
David A. Schneider
Jim Bogner
W. Marshall

6 AUGUST 2001

Thomas D. Schom

Employee ID #

Plant Mgr
Safety Mgr
PLANT MGR.
Electrical Foreman

MAINT GEN. FOREMAN

Supervisor's signature

MATERIAL SAFETY DATA SHEET

SECTION 1 - CHEMICAL PRODUCT AND COMPANY IDENTIFICATION

Product Names/Trade Names: Silica Sand sold under various names, ASTM TESTING SANDS, MYSTIC WHITE®, F-SERIES FOUNDRY SANDS, PENN SAND®, Q-MIX™, Q-ROK®, GRAVEL PACK, SIL-CO-SIL®, HYDRAULIC FRACING SANDS, SUPERSIL®, MIN-U-SIL®

Synonyms/Common Names: Sand, Silica Sand, Quartz, Crystalline Silica, Flint, Ground Silica.

Manufacturer's Name:

U. S. Silica Company
P. O. Box 187
Berkeley Springs, WV 25411

Emergency Telephone Number:

304-258-2500
304-258-8295 (fax)

Date Prepared: February 1, 1995

SECTION 2 - COMPOSITION/INFORMATION ON INGREDIENTS

Hazardous Ingredient: Crystalline silica (quartz), typically 99.2% to 99.9%

Chemical Formula: SiO_2 **CAS#:** 14808-60-7

OSHA PEL: Exposure to airborne crystalline silica shall not exceed an 8-hour time-weighted average limit as stated in 29 CFR § 1910.1000 Table Z-1-A, Air Contaminants, specifically: $\frac{10 \text{ mg/m}^3}{\% \text{SiO}_2 + 2}$

ACGIH TLV: Crystalline Quartz
TLV—TWA = 0.1 mg/M^3 (Respirable Crystalline Quartz)
See Threshold Limit Value and Biological Exposure Indices for American Conference of Governmental Industrial Hygienists (latest edition).

Other Recommended Limits: National Institute for Occupational Safety and Health (NIOSH). Recommended standard maximum permissible concentration = 0.05 mg/M^3 (respirable free silica) as determined by a full-shift sample up to 10-hour working day, 40-hour work week. See NIOSH Criteria for a Recommended Standard Occupational Exposure to Crystalline Silica.

SECTION 3 — HAZARD IDENTIFICATION

EMERGENCY OVERVIEW:

Respirable crystalline silica (quartz) can cause silicosis, a fibrosis (scarring) of the lungs. Crystalline silica (quartz) is classified as a probable human carcinogen.

Crystalline silica (quartz) is not flammable, combustible or explosive. It does not cause burns or severe skin or eye irritation. A single exposure will not result in serious adverse health effects. Crystalline silica (quartz) is not an environmental hazard.

POTENTIAL HEALTH EFFECTS:

Inhalation:

- Silicosis** Exposure to respirable crystalline silica (quartz) can cause silicosis, a fibrosis (scarring) of the lungs. Silicosis may be progressive; it may lead to disability and death.
- Cancer** There is evidence that respirable crystalline silica is a carcinogen.
- Scleroderma** There is evidence that exposure to respirable crystalline silica or the disease silicosis is associated with the increased incidence of scleroderma, an immune system disorder manifested by a fibrosis (scarring) of the lungs, skin and other internal organs.
- Tuberculosis** Individuals with silicosis are predisposed to develop tuberculosis.
- Nephrotoxicity** There are several recent studies suggesting exposure to respirable crystalline silica or the disease silicosis is associated with the increased incidence of kidney lesions.

NOTE: Crystalline silica exists in several forms, the most common of which is quartz. If crystalline silica (quartz) is heated to more than 870°C it can change to a form of crystalline silica known as trydimite, and if crystalline silica (quartz) is heated to more than 1470°C , it can change to a form of crystalline silica known as cristobalite. Crystalline silica as trydimite and cristobalite are more fibrogenic than crystalline silica as quartz. The OSHA PEL for crystalline silica as trydimite and cristobalite is one-half the PEL for crystalline silica (quartz); the ACGIH TLV for silica - crystalline trydimite and cristobalite is one-half the TLV for silica - crystalline quartz.

Eye Contact: Crystalline silica (quartz) may cause abrasion of the cornea.

Skin Contact: Not applicable.

Ingestion: Not applicable.

Chronic Effects: The adverse health effects – silicosis, cancer, scleroderma and tuberculosis -- are chronic effects.

Signs and Symptoms of Exposure: There are generally no signs or symptoms of exposure to crystalline silica (quartz). The symptoms of chronic or ordinary silicosis, if present, are shortness of breath, wheezing, cough and sputum production. The symptoms of acute silicosis are the same; additionally, weight loss and fever are associated with acute silicosis. The symptoms of scleroderma include thickening and stiffness of the skin, particularly in the fingers, shortness of breath, difficulty swallowing and joint problems.

Medical Conditions Generally Aggravated by Exposure: The condition of individuals with lung disease (e.g., bronchitis, emphysema, chronic obstructive pulmonary disease) can be aggravated by exposure.

See Section 11, Toxicological Information, for additional detail on potential adverse health effects.

SECTION 4 — FIRST AID MEASURES

Inhalation: No specific first aid necessary since the adverse health effects associated with exposure to crystalline silica (quartz) result from chronic exposures. If there is a gross inhalation of crystalline silica (quartz), remove the person immediately to fresh air, give artificial respiration as needed, seek medical attention as needed.

Eye Contact: Wash immediately with water. If irritation persists, seek medical attention.

Skin Contact: Not applicable.

Ingestion: Not applicable.

SECTION 5 — FIRE FIGHTING MEASURES

Flammability:	Crystalline silica (quartz) is non-flammable and non-explosive	Extinguishing Media:	None required.
Flash Point:	None	Special Firefighting Procedures:	N/A
Flammable Limits:	None	Unusual Fire and Explosion Hazards:	None

SECTION 6 — ACCIDENTAL RELEASE MEASURES

Spills: Use dustless methods (vacuum) and place into closable container for disposal, or flush with water. Do not dry sweep. Wear protective equipment specified below.

Waste Disposal Method: See Section 13.

SECTION 7 — HANDLING AND STORAGE

Precautions in Handling and Storing: Avoid breakage of bagged material or spills of bulk material. See control measures in Section 8.

Precautions During Use: Use dustless systems for handling, storage, and clean up so that airborne dust does not exceed the PEL. Use adequate ventilation and dust collection. Practice good housekeeping. Do not permit dust to collect on walls, floors, sills, ledges, machinery, or equipment. Maintain, clean, and fit test respirators in accordance with OSHA regulations. Maintain and test ventilation and dust collection equipment. Wash or vacuum clothing which has become dusty. See also control measures in Section 8.

U. S. Silica Company materials should not be used for sandblasting.

The OSHA Hazard Communication Standard, 29 CFR Sections 1910.1200, 1915.99, 1917.28, 1918.90, 1926.59, and 1928.21, and state and local worker or community "right to know" laws and regulations should be strictly followed. WARN YOUR EMPLOYEES (AND YOUR CUSTOMERS-USERS IN CASE OF RESALE) BY POSTING AND OTHER MEANS OF THE HAZARDS AND OSHA PRECAUTIONS TO BE USED. PROVIDE TRAINING FOR YOUR EMPLOYEES ABOUT THE OSHA PRECAUTIONS.

See also American Society for Testing and Materials (ASTM) standard practice E 1132-86, "Standard Practice for Health Requirements Relating to Occupational Exposure to Quartz Dust."

SECTION 8 — EXPOSURE CONTROLS/PERSONAL PROTECTION

Local Exhaust: Use sufficient local exhaust to reduce the level of respirable crystalline silica to the PEL. See ACGIH "Industrial Ventilation, A Manual of Recommended Practice" (latest edition).

Respiratory Protection: The following chart specifies the types of respirators which may provide respiratory protection for crystalline silica.

CONDITION Particulate Concentration	MINIMUM RESPIRATORY PROTECTION*
5 x PEL or less	Any dust respirator.
10 x PEL or less	Any dust respirator, except single-use or quarter-mask respirator. Any fume respirator of high efficiency particulate filter respirator Any supplied-air respirator. Any self-contained breathing apparatus.
50 x PEL or less	A high efficiency particulate filter respirator with a full facepiece. Any supplied-air respirator with a full facepiece, helmet, or hood. Any self-contained breathing apparatus with a full facepiece.
500 x PEL or less	A powered air-purifying respirator with a high efficiency particulate filter. A Type C supplied-air respirator operated in pressure-demand or other positive pressure or continuous-flow mode.
Greater than 500 x PEL or entry and escape from unknown concentrations	Self-contained breathing apparatus with a full facepiece operated in pressure-demand or other positive pressure mode. A combination respirator which includes a Type C supplied-air respirator with a full facepiece operated in pressure-demand or other positive pressure continuous-flow mode and an auxiliary self-contained breathing apparatus operated in pressure-demand or other positive pressure mode.
*Only NIOSH-approved or MSHA-approved equipment should be used. (See 29 CFR §1910.134).	

See also ANSI standard Z88.2 (latest revision) "American National Standard for Respiratory Protection"

Permissible Exposure Levels: See Section 2.

SECTION 9 — PHYSICAL AND CHEMICAL PROPERTIES

Appearance:	White or tan sand; granular, crushed, or ground		
Boiling Point:	4046°F	Odor:	None
Vapor Pressure (mm Hg.):	None	Specific Gravity (H₂O = 1):	2.65
Vapor Density (AIR = 1):	None	Melting Point:	3110°F
Solubility in Water:	Insoluble in water	Evaporation Rate (Butyl Acetate = 1):	None

SECTION 10 — STABILITY AND REACTIVITY

Stability: Crystalline silica (quartz) is stable.

Incompatibility (Materials to Avoid): Contact with powerful oxidizing agents such as fluorine, chlorine trifluoride, oxygen difluoride, may cause fires.

Hazardous Decomposition or Byproducts: Silica will dissolve in hydrofluoric acid and produce a corrosive gas - silicon tetrafluoride.

Hazardous Polymerization: Will not occur.

SECTION 11 — TOXICOLOGICAL INFORMATION

A. SILICOSIS

The major concern associated with exposure to respirable crystalline silica is silicosis, caused by the inhalation and retention of respirable crystalline silica dust. Silicosis can exist in several forms, chronic or ordinary, accelerated or acute.

Chronic or Ordinary Silicosis is the most common form of silicosis, and can occur after many years of exposure to relatively low levels of airborne respirable crystalline silica dust. It is further defined as either simple or complicated silicosis.

Simple silicosis is characterized by lung lesions (shown as radiographic opacities) less than 1 centimeter in diameter, primarily in the upper lung zones. Often, simple silicosis is not associated with symptoms or disability.

Simple silicosis may be progressive and may develop into complicated silicosis or progressive massive fibrosis (PMF). Complicated silicosis and PMF are characterized by lung lesions greater than 1 centimeter in diameter. The symptoms are shortness of breath, wheezing, cough and sputum production. Complicated silicosis and PMF can result in pulmonary heart disease. PMF may be disabling and may lead to death.

Accelerated Silicosis can occur with exposure to high concentrations of respirable crystalline silica over a relatively short period; the lung lesions can appear within five (5) years of the initial exposure. The progression can be rapid. Accelerated silicosis is similar to chronic or ordinary silicosis, except that the lung lesions appear earlier and the progression is more rapid.

Acute Silicosis can occur with exposures to very high concentrations of respirable crystalline silica over a very short time period, sometimes as short as a few months. The symptoms of acute silicosis include progressive shortness of breath, fever, cough and weight loss. Acute silicosis is fatal.

B. CANCER

IARC The International Agency for Research on Cancer, in Volume 42, published in 1987, concluded that there was sufficient evidence of the carcinogenicity of crystalline silica to experimental animals, but that there was limited evidence of the carcinogenicity of crystalline silica to humans. Group 2A.

NTP The National Toxicology Program, in its Sixth Annual Report on Carcinogens, concluded that "silica, crystalline (respirable)" may reasonably be anticipated to be a carcinogen, based on sufficient evidence in experimental animals and limited evidence in humans.

The carcinogenicity of crystalline silica (quartz) is a matter of controversy. A number of studies support an association between silica and cancer. Some are based on work with experimental animals, and there are uncertainties in extrapolating animal data to humans. Also, it appears that the positive animal studies are limited to single species, rats, and that studies using other rodent species have been negative. The results of the numerous epidemiological studies assessing the carcinogenicity of silica in humans are positive and negative. The limitations in the epidemiological studies result from: 1) inadequate silica exposure assessments; 2) possible confounding by exposure to other occupational carcinogens; 3) possible confounding from cigarette smoking. The issues regarding silica, silicosis and lung cancer are set forth in the following materials (among others): Current Pulmonology, Chapter 8, entitled "Occupational Lung Disease", Gee, J. Bernard (1992). Occupational Lung Disorders, Third Edition, Chapter 12, entitled "Silicosis and Related Diseases", Parkes, W. Raymond (1994). Do Silica and Asbestos Cause Lung Cancer?, Arch. Pathol. Lab. Med., Vol. 116, No. 1, pp. 16-19 (1992). Silica: is it a carcinogen, J. Occup. Health & Safety - Aust. NZ, Vol. 6, No. 6, pp. 481-490 (1990). Silica and lung cancer: a controversial issue, Eur. Respir. J., Vol. 4, pp. 730-744 (1991).

C. SCLERODERMA

There is evidence that exposure to respirable crystalline silica or the disease silicosis is associated with the increased incidence of scleroderma, an immune system disorder manifested by a fibrosis (scarring) of the lungs, skin and other internal organs. The following may be consulted for additional information on silica, silicosis and scleroderma (also known as progressive systemic sclerosis): Occupational Lung Disorders, Third Edition, Chapter 12, entitled "Silicosis and Related Diseases", Parkes, W. Raymond (1994). Silica, Silicosis, and Progressive Systemic Sclerosis, British Journal of Industrial Medicine, Volume 42, Number 12, pp. 838-843 (1985). Diseases Associated with Exposure to Silica and Nonfibrous Silicate Minerals, Arch. Pathol. Lab. Med., Volume 112, Number 7, pp. 673-720 (1988).

D. TUBERCULOSIS

Individuals with silicosis are predisposed to develop tuberculosis. The following may be consulted for further information: Occupational Lung Disorders, Third Edition, Chapter 12, entitled "Silicosis and Related Diseases", Parkes, W. Raymond (1994).

E. NEPHROTOXICITY

There are several recent studies suggesting exposure to respirable crystalline silica or the disease silicosis is associated with the increased incidence of kidney lesions. The following may be consulted for additional information on silica, silicosis and nephrotoxicity: Occupational Lung Disorders, Third Edition, Chapter 12, entitled "Silicosis and Related Diseases", Parkes, W. Raymond (1994). A study of silica nephrotoxicity in exposed silicotic and non-silicotic workers, British Journal of Industrial Medicine, Vol. 49, No. 1, pp. 35-37 (1992). Further evidence of human silica nephrotoxicity in occupationally exposed workers, British Journal of Industrial Medicine, Volume 50, Number 10, pp. 907-912 (1993).

SECTION 12 — ECOLOGICAL INFORMATION

Crystalline silica (quartz) is not ecotoxic, i.e., there is no data which suggests that crystalline silica (quartz) is toxic to birds, fish, invertebrates, microorganisms or plants. For additional information on crystalline silica (quartz), see sections 9 (physical and chemical properties) and 10 (stability and reactivity) of this MSDS.

SECTION 13 — DISPOSAL CONSIDERATIONS

General: The packaging and material may be landfilled; however, material should be covered to minimize generation of airborne dust.

RCRA: Crystalline silica (quartz) is not classified as a hazardous waste under the Resource Conservation and Recovery Act, or its regulations, 40 CFR 261 et seq.

The above applies to materials as sold by U.S. Silica Company. The material may be contaminated during use, and it is the responsibility of the user to assess the appropriate disposal of the used material.

SECTION 14 — TRANSPORT INFORMATION

Crystalline silica (quartz) is not a hazardous material for purposes of transportation under the U. S. Department of Transportation Table of Hazardous Materials, 49 CFR 172.101.

SECTION 15 — REGULATORY INFORMATION

UNITED STATES (FEDERAL AND STATE)

TSCA No.: Crystalline silica (quartz) appears on the EPA TSCA inventory under the CAS No. 14808-60-7.

RCRA: Crystalline silica (quartz) is not classified as a hazardous waste under the Resource Conservation and Recovery Act, or its regulations, 40 CFR 261 et seq.

CERCLA: Crystalline silica (quartz) is not classified as a hazardous substance under regulations of the Comprehensive Environmental Response Compensation and Liability Act (CERCLA), 40 CFR 302.

Emergency Planning and Community Right to Know Act: Crystalline silica (quartz) is not an extremely hazardous substance under Section 302 and is not a toxic chemical subject to the requirements of Section 313.

Clean Air Act: Crystalline silica (quartz) mined and processed by U.S. Silica Company was not processed with or does not contain any Class I or Class II ozone depleting substances.

FDA: Silica is included in the list of substances that may be included in coatings used in food contact surfaces, 21 CFR 175.300(b)(3)(xxvi).

NTP: Respirable crystalline silica (quartz) is classified as a probable carcinogen.

OSHA Carcinogen: Crystalline silica (quartz) is not listed.

California Proposition 65: Crystalline silica (quartz) is classified as a substance known to the state of California to be a carcinogen.

CANADA

Domestic Substances List: U. S. Silica Company products, as naturally occurring substances, are on the Canadian DSL.

WHMIS Classification: D-2A

OTHER

EINECS No.: 231-545-4

EEC Label (Risk/Safety Phrases): R 48/20, R 40/20, S22, S38

IARC: Crystalline silica (quartz) is classified in IARC Group 2A.

National, state, provincial or local emergency planning, community right to know or other laws, regulations or ordinances may be applicable—consult applicable national, state, provincial or local laws.

SECTION 16 — OTHER INFORMATION

Hazardous Material Information System (HMS):

Health	*
Flammability	0
Reactivity	0
Protective Equipment	E

* For further information on health effects, see sections 3 and 11 of this MSDS.

National Fire Protection Association (NFPA):

Health	0
Flammability	0
Reactivity	0

Warning Label Text:**WARNING!**

Contains Silica Dust That Can Be Harmful If Inhaled.
Avoid Breathing Dust.

HAZARDS

- Contains silica dust that can cause severe and permanent lung damage and other diseases.
 - Breathing silica dust can cause silicosis, a lung disease that can cause serious breathing difficulties and death.
 - Breathing silica dust may cause cancer.
 - Breathing silica dust may cause scleroderma, a scarring of the skin and internal organs.
- Breathing silica dust may not cause noticeable injury or illness, even though permanent lung damage may be occurring.

PRECAUTIONS

- Avoid breathing dust.
- Wear a respirator approved for silica dust when using, handling, storing or disposing of this product or bag.
 - Do not rely on your sight to determine if dust is in the air. Silica may be in the air without a visible dust cloud.
- Use with adequate ventilation and dust collection systems to keep silica dust below permissible limits.
- Avoid creating dust when using, handling, storing or disposing of this product or bag.
 - Do not dry sweep product. Wet product with water or use a dustless method (vacuum) to clean spills.
 - Do not allow dust to collect, on floors, sills, ledges, machinery, or equipment.
- DO NOT USE FOR SANDBLASTING!

See U.S. Silica Company Material Safety Data Sheet
in Your Employer's Possession for More Information on Hazards and Precautions

CAS #14808-60-7

U. S. SILICA COMPANY DISCLAIMER

The information and recommendations contained herein are based upon data believed to be correct. However, no guarantee or warranty of any kind, express or implied, is made with respect to the information contained herein. We accept no responsibility and disclaim all liability for any harmful effects which may be caused by purchase, resale, use or exposure to our silica. Customers-users of silica must comply with all applicable health and safety laws, regulations, and orders, including the OSHA Hazardous Communication Standard.



GENERATOR WASTE PROFILE SHEET

Requested Disposal Facility: ENVIRATECH
an Allied Waste Company

Waste Profile #
3691005133
EXP 8/31/03
Date: 8-31-00

I. GENERATOR INFORMATION

Generator Name: <u>ABC-NACO NATIONAL CASTINGS INC</u>			
Generator Site Address: <u>1400 SOUTH LARAMIE AVENUE</u>			
City: <u>CICERO</u>	County: <u>COOK</u>	State: <u>IL</u>	Zip: <u>60804-1395</u>
Generator State ID No: <u>0310510007</u>		SIC Code No: <u>3325</u>	
Generator Mailing Address (if different): <u>110 NORTH 25th AVENUE</u>			
City: <u>MELROSE PARK</u>	County: <u>COOK</u>	State: <u>IL</u>	Zip: <u>60160-3004</u>
Generator Contact Name: <u>RAYMOND R BERNAR</u>			
Phone Number: <u>708-344-0675</u>		Fax Number: <u>708-344-0739</u>	

II. TRANSPORTER INFORMATION

Transporter Name: <u>BFI MELROSE PK</u>			
Transporter Address: <u>5050 W LAMAR</u>			
City: <u>MELROSE PARK</u>	County:	State:	Zip:
Transporter Contact Name:			
Phone Number:		Fax Number:	State Transportation #:

III. WASTE STREAM INFORMATION

Name of Waste: <u>SPEX FOUNDRY SAND</u>	
Process Generating Waste: <u>SAND MOLDING, POLLUTION CONTROL EQUIPMENT, LINES & MORTAR</u>	
Type of waste:	<u>INDUSTRIAL PROCESS WASTE</u> or <u>POLLUTION CONTROL WASTE</u>
Physical State:	<u>SOLID</u> SEMI-SOLID POWDER LIQUID OTHER:
Method of Shipment:	<u>BULK</u> DRUM BAGGED OTHER / EXPLAIN: <u>COVERED MATERIAL</u>
Estimated Annual Volume:	CUBIC YARDS: TONS: <u>6,000</u> OTHER: <u>SPEX FOUNDRY SAND</u>
Frequency:	ONE TIME ONLY <u>DAILY</u> WEEKLY MONTHLY OTHER / EXPLAIN:
SPECIAL HANDLING INSTRUCTIONS: <u>ROLL OFF TRUCKS MUST BE COVERED UPON REMOVAL</u> <u>BAGHOUSE CONTAINERS MUST HAVE PLASTIC LINER</u>	

IV. REPRESENTATIVE SAMPLE CERTIFICATION

Is the representative sample collected to prepare this profile and laboratory analysis, collected in accordance with U.S. EPA (40 CFR 261.20(c) guidelines or equivalent rules?		YES <input checked="" type="radio"/> NO <input type="radio"/>
Sample Date: <u>8-28-00</u>	Circle one: <u>COMPOSITE SAMPLE</u> GRAB SAMPLE	
Sampler's Employer: <u>BFI</u>		
Sampler's Name (printed): <u>MIKE EGIZIO</u> Signature: <u>Mike Egizio</u>		

09/01/2000

14:15

LIV LANDFILL SPECIAL WASTE → MIKE EGIZIO

NO. 963 W002

SEP. 1. 2000 10:17AM

Received 01 AUG 00 02:40 PM From: 815+842+3648 To: 4259634582

Get faxes by email. Free. @fax.com

10.4941

P. 3/16

Page 1 of 10

09/01/2000

14:22

LIV LANDFILL SPECIAL WASTE → TERRI SAVIN

NO. 946 0004

09/01/00

01:52

BFI SALES → 18158423645

NO. 177 003

369005133

V. PHYSICAL CHARACTERISTICS OF WASTECHARACTERISTIC COMPONENTS% BY WEIGHT (range)

1. SPENT FOUNDRY SAND 100
2. _____
3. _____

Color	Odor (describe):	Free Liquids: YES or NO	% Solids:	pH:	Flash Point:	Phenol
<u>BROWN / BLACK</u>	<u>NOVIT</u>	<u>NO</u>	<u>100</u>			
		Content _____ %			_____ °F	_____ ppm

Attach Laboratory Analytical Report (and or Material Safety Data Sheet)
Including Required Parameters Provided for this Profile

Does this waste or generating process contain regulated concentrations of the following Pesticides and/or Herbicides: Chlordane, Endrin, Heptachlor (and its epoxides), Lindane, Methoxychlor, Toxaphene, 2, 4-D, 2, 4, 5, -TP Silvex as defined in § 40 CFR 261.33?	YES or <u>NO</u>
Does this waste or generating process cause it to exceed OSHA exposure limits from high levels of Hydrogen Sulfide or Hydrogen Cyanide as defined in § 40 CFR 261.23?	YES or <u>NO</u>
Does this waste contain regulated concentrations of Polychlorinated Biphenyls (PCBs) as defined in § 40 CFR Part 761?	YES or <u>NO</u>
Does this waste contain regulated concentrations of listed hazardous wastes defined by § 40 CFR 261.31, 261.32, 261.33, including RCRA F-Listed Solvents?	YES or <u>NO</u>
Does this waste contain regulated concentrations of 2, 3, 7, 8 -Tetrachlorodibenzodioxin (2, 3, 7, 8 -TCDD), or any other dioxin as defined in § 40 CFR 261.31?	YES or <u>NO</u>
Is this a regulated Toxic Material as defined by Federal and/or State regulations?	YES or <u>NO</u>
Is this a regulated Radioactive Waste as defined by Federal and/or State regulations?	YES or <u>NO</u>
Is this a regulated Medical or Infectious Waste as defined by Federal and/or State regulations?	YES or <u>NO</u>
Is this waste generated at a Federal Superfund Clean Up Site?	YES or <u>NO</u>

VI. GENERATOR CERTIFICATION

I hereby certify that to the best of my knowledge and belief, the information contained herein is a true and accurate description of the waste material being offered for disposal. I further certify that by utilizing this profile, neither myself nor any other employee of the company will deliver for disposal or attempt to deliver for disposal any waste which is classified as toxic waste, hazardous waste, medical or infectious waste, or any other waste material this facility is prohibited from accepting by law. Our company hereby agrees to fully indemnify this disposal facility against any damages resulting from this certification being inaccurate or untrue.

RAYMOND R. BEJWA ENVIRONMENTAL MANAGER
AUTHORIZED REPRESENTATIVE NAME AND TITLE (Printed)

ABC-NACOR INDUSTRIAL CHEMICALS
COMPANY NAME

Raymond R. Bejwa
AUTHORIZED REPRESENTATIVE SIGNATURE

August 30, 2000
DATE

VII. ALLIED WASTE DECISION

Conditions: Approved Rejected Expiration: 8/31/2003

Terri Savin, Special Waste Analyst

Name, Title

Signature

Date



PLEASE TYPE

(Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.	Manifest Document No.	2. Page 1 of	Information in the shaded areas is not required by Federal law, but is required by Illinois law.
3. Generator's Name and Mailing Address ABC-NACO, National Castings Inc 1400 S Laramie Ave. Cicero IL 60804		Location If Different		A. Illinois Manifest Document Number IL 8523280 FEE PAID IF APPLICABLE	
4. "24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS"		5. Transporter 1 Company Name BEI Melrose Park		B. Generator's IL ID Number 0310510007	
6. US EPA ID Number		7. Transporter 2 Company Name		C. Transporter's ID Number 0107	
8. US EPA ID Number		9. Designated Facility Name and Site Address Environtech Landfill 1800 Ashley Rd. Morris IL 60450		D. Transporter's Phone (708) 345 7050	
10. US EPA ID Number		E. Transporter's ID Number		F. Transporter's Phone ()	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers No. Type		G. Facility's IL ID Number 0638140002	
a. Spent Foundry Sand		0 0 1 DT		H. Facility's Phone (815) 942 1800	
b.				I. Was : No. EPA HW Number 369005133	
c.				EPA HW Number	
d.				EPA HW Number	
J. Additional Description for Materials Listed Above Allied Approval # 369005133		K. Handling Codes for Wastes Listed Above in Item #14			
15. Special Handling Instructions and Additional Information					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.					
Printed/Typed Name		Signature		Date Month Day Year	
17. Transporter 1 Acknowledgement of Receipt of Materials		Printed/Typed Name		Signature	
18. Transporter 2 Acknowledgement of Receipt of Materials		Printed/Typed Name		Signature	
19. Discrepancy Indication Space		20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.			
Printed/Typed Name		Signature		Date Month Day Year	

This Agency is authorized to require, pursuant to Illinois Revised Statute, 1989, Chapter 111 1/2, Section 1004 and 1021, that this information be submitted to the Agency. Failure to provide this information may result in a civil penalty against the owner or operator not to exceed \$25,000 per day of violation. Falsification of this information may result in a fine up to \$50,000 per day of violation and imprisonment up to 5 years. This form has been approved by the Forms Management Center.

COPY 1. TSD MAIL TO GENERATOR

TestAmerica

INCORPORATED

5-2

Mr. Jerry Farmer
NATIONAL CASTINGS INC.
1400 So. Laramie Av.
Cicero IL 60804

06/29/2001

Job Number: 01.05664

IEPA Cert. No.: 100221

WDNR Cert. No.: 999447130

Enclosed is the Analytical and Quality Control reports for the following samples submitted to Bartlett Division of TestAmerica for analysis.

Project Description: SLAG Beneficial Reuse/Foundry Sand-Cicero

Sample Number	Sample Description	Date Taken	Date Received
632465	Foundry Sand	06/11/2001	06/12/2001

Sample analysis in support of the project referenced above has been completed and results are presented on the following pages. These results apply only to the samples analyzed. Reproduction of this report only in whole is permitted. Please refer to the enclosed "Key to Abbreviations" for definition of terms. Procedures used follow TestAmerica Standard Operating Procedures which reference the methods listed on your report. Should you have questions regarding procedures or results, please do not hesitate to call. TestAmerica has been pleased to provide these analytical services for you.

This Quality Control report is generated on a batch basis. All information contained in this report is for the analytical batch(es) in which your sample(s) were analyzed.

Approved by:

Jane Bellinger

Project Manager

Page 1 of 5

TestAmerica

INCORPORATED

ANALYTICAL REPORT

Mr. Jerry Farmer
NATIONAL CASTINGS INC.
1400 So. Laramie Av.
Cicero IL 60804

06/29/2001

Sample No. : 632465

Job No.: 01.05664

Sample Description: SLAG Beneficial Reuse/Foundry Sand-Cicero

Date Taken: 06/11/2001
Time Taken: 07:10

Date Received: 06/12/2001
Time Received: 09:40

Parameter	Result	Flag	Units	Reporting Limit	Date Analyzed	Time Analyzed	Analyst Initials	Analytical Method
ASTM-Solids, Total	16.7	P	mg/L	1.0	06/26/2001		cdp	ASTM D3987-85
ASTM-pH	9.60		units	0.10	06/18/2001	14:35	mws	ASTM D3987-85
ASTM Preparation	Complete				06/12/2001		reh	ASTM D3987-85
ASTM-Fluoride	0.25		mg/L	0.05	06/19/2001		mws	EPA 340.2
ASTM-Nitrate + Nitrite	35		mg/L	1.0	06/18/2001		mpe	SW 9210
Metals Prep, GFAA ASTM	complete				06/14/2001		vgm	SW 3020
Metals Prep, ASTM	complete				06/14/2001		vgm	SW 3010
ASTM-Arsenic, GFAA	<0.0050		mg/L	0.0050	06/15/2001		kbh	SW 7061
ASTM-Barium, ICP	<0.020		mg/L	0.020	06/15/2001		jtt	SW 6010B
ASTM-Cadmium, ICP	<0.005		mg/L	0.005	06/15/2001		jtt	SW 6010B
ASTM-Chromium, ICP	<0.040		mg/L	0.040	06/15/2001		jtt	SW 6010B
ASTM-Lead, GFAA	0.0058	M+	mg/L	0.0050	06/14/2001		kbh	SW 7421
ASTM-Selenium, GFAA	<0.0050		mg/L	0.0050	06/15/2001		kbh	SW 7740
ASTM Secondary Standards	complete							
ASTM-Chloride	<5		mg/L	5	06/27/2001		kmb	EPA 325.2
ASTM-Sulfate	<10		mg/L	10	06/22/2001		mws	SW 9038
ASTM-Solids, Total Dissolved	230		mg/L	25	06/18/2001		mpe	SM 2540C
ASTM-Copper, ICP	<0.020		mg/L	0.020	06/15/2001		jtt	SW 6010
ASTM-Iron, ICP	<0.050		mg/L	0.050	06/15/2001		jtt	SW 6010
ASTM-Manganese, ICP	<0.010		mg/L	0.010	06/15/2001		jtt	SW 6010
ASTM-Zinc, ICP	<0.020		mg/L	0.020	06/15/2001		jtt	SW 6010

M+ : Analyte quantified by MSA because spike did not pass recovery criteria
P : RPD is outside laboratory control limits



Mr. Jerry Farmer
NATIONAL CASTINGS INC.
1400 So. Laramie Av.
Cicero IL 60804

06/29/2001

Job Number: 01.05664

IEPA Cert. No.: 100221
WDNR Cert. No.: 999447130

Project Description:

CASE NARRATIVE

No analytical exceptions were noted outside of routine method protocols, except as may be noted by data flags (qualifiers) on the individual sample results.

TestAmerica

KEY TO ABBREVIATIONS and METHOD REFERENCES

- < : Less than; When appearing in the results column indicates the analyte was not detected at or above the reported value.
- N/S : No coliform bacteria were present and the opinion is satisfactory.
- P/U : Coliform bacteria were present and the opinion is unsatisfactory.
- mg/L : Concentration in units of milligrams of analyte per liter of sample. Measurement used for aqueous samples. Can also be expressed as parts per million (ppm).
- ug/g : Concentration in units of micrograms of analyte per gram of sample. Measurement used for non-aqueous samples. Can also be expressed as parts per million (ppm) or mg/Kg.
- ug/L : Concentration in units of micrograms of analyte per liter of sample. Measurement used for aqueous samples. Can also be expressed as parts per billion (ppb).
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- TCLP : These initials appearing in front of an analyte name indicate that the Toxicity Characteristic Leaching Procedure (TCLP) was performed for this test.
- Surr: : These initials are the abbreviation for surrogate. Surrogates are compounds that are chemically similar to the compounds of interest. They are part of the method quality control requirements.
- % : Percent; To convert ppm to %, divide the result by 10,000.
To convert % to ppm, multiply the result by 10,000.
- ICP : Indicates analysis was performed using Inductively Coupled Plasma Spectroscopy.
- AA : Indicates analysis was performed using Atomic Absorption Spectroscopy.
- GFAA : Indicates analysis was performed using Graphite Furnace Atomic Absorption Spectroscopy.
- PQL : Practical Quantitation Limit; the lowest level that can be reliably achieved within specified limits of precision and accuracy during routine laboratory operating conditions.

Method References

- ASTM "American Society for Testing Materials"
- EPA "Methods for Chemical Analysis of Water and Wastes", USEPA, EPA 600/4-79-020, Revised March 1983.
- EPA "Test Methods for Organic Chemical Analysis of Municipal and Industrial Wastewater", EPA 600/4-82-057, July 1982.
- SDWA "Methods for the Determination of Organic Compounds in Finished Drinking Water and Raw Source Water", USEPA, September 1986.
- SDWA "Methods for the Determination of Metals in Environmental Samples", Supplement I USEPA, EPA-600/R-94/111, May 1994.
- SM "Standard Methods for the Examination of Water and Wastewater", APHA-AWWA-WPCF, 18th Edition.
- SW "Test Methods for Evaluating Solid Waste, Physical/Chemical Methods", USEPA, SW-646.

TestAmerica

INCORPORATED

Mr. Jerry Farmer
NATIONAL CASTINGS INC.
1400 So. Laramie Av.
Cicero IL 60804

06/29/2001

Job Number: 01.05662

IEPA Cert. No.: 100221

WDNR Cert. No.: 999447130

Enclosed is the Analytical and Quality Control reports for the following samples submitted to Bartlett Division of TestAmerica for analysis.

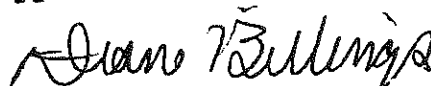
Project Description: SLAG Beneficial Reuse/Foundry Sand-Cicero

Sample Number	Sample Description	Date Taken	Date Received
632462	Foundry Sand	06/11/2001	06/12/2001

Sample analysis in support of the project referenced above has been completed and results are presented on the following pages. These results apply only to the samples analyzed. Reproduction of this report only in whole is permitted. Please refer to the enclosed "Key to Abbreviations" for definition of terms. Procedures used follow TestAmerica Standard Operating Procedures which reference the methods listed on your report. Should you have questions regarding procedures or results, please do not hesitate to call. TestAmerica has been pleased to provide these analytical services for you.

This Quality Control report is generated on a batch basis. All information contained in this report is for the analytical batch(es) in which your sample(s) were analyzed.

Approved by:



Project Manager

Page 1 of 6



ANALYTICAL REPORT

Mr. Jerry Farmer
NATIONAL CASTINGS INC.
1400 So. Laramie Av.
Cicero IL 60804

06/29/2001

Sample No. : 632462

Job No.: 01.05662

Sample Description: SLAG Beneficial Reuse/Foundry Sand-Cicero

Date Taken: 06/11/2001
Time Taken: 07:00

Date Received: 06/12/2001
Time Received: 09:40

Parameter	Result	Flag	Units	Reporting Limit	Date Analyzed	Time Analyzed	Analyst Initials	Analytical Method
ASTM-Solids, Total	46.7		mg/L	1.0	06/26/2001		cdp	ASTM D3987-85
ASTM, ZHE Volatiles Prep	Complete				06/13/2001		jjh	SW 1311
ASTM-Volatiles 8260								
ASTM-Benzene	<0.001		mg/L	0.001	06/18/2001		dap	SW 8260B
ASTM-Bromoform	<0.001		mg/L	0.001	06/18/2001		dap	SW 8260B
ASTM-Bromodichloromethane	<0.001		mg/L	0.001	06/18/2001		dap	SW 8260B
ASTM-Carbon tetrachloride	<0.001		mg/L	0.001	06/18/2001		dap	SW 8260B
ASTM-Chloroform	<0.001		mg/L	0.001	06/18/2001		dap	SW 8260B
ASTM-Dibromochloromethane	<0.001		mg/L	0.001	06/18/2001		dap	SW 8260B
ASTM-1,2-Dichloroethane	<0.001		mg/L	0.001	06/18/2001		dap	SW 8260B
ASTM-1,1-Dichloroethylene	<0.001		mg/L	0.001	06/18/2001		dap	SW 8260B
ASTM-cis-1,2-Dichloroethylene	<0.001		mg/L	0.001	06/18/2001		dap	SW 8260B
ASTMtrans-1,2-Dichloroethylene	<0.001		mg/L	0.001	06/18/2001		dap	SW 8260B
ASTM-1,2-Dichloropropane	<0.001		mg/L	0.001	06/18/2001		dap	SW 8260B
ASTM-Ethylbenzene	<0.001		mg/L	0.001	06/18/2001		dap	SW 8260B
ASTM-Monochlorobenzene	<0.001		mg/L	0.001	06/18/2001		dap	SW 8260B
ASTM-Styrene	<0.001		mg/L	0.001	06/18/2001		dap	SW 8260B
ASTM-Tetrachloroethylene	<0.001		mg/L	0.001	06/18/2001		dap	SW 8260B
ASTM-Toluene	<0.001		mg/L	0.001	06/18/2001		dap	SW 8260B
ASTM-1,1,1-Trichloroethane	<0.001		mg/L	0.001	06/18/2001		dap	SW 8260B
ASTM-Trichloroethylene	<0.001		mg/L	0.001	06/18/2001		dap	SW 8260B
ASTM-Trihalomethanes (total)	<0.004		mg/L	0.004	06/18/2001		dap	SW 8260B
ASTM-Vinyl chloride	<0.002		mg/L	0.002	06/18/2001		dap	SW 8260B
ASTM-Xylenes (total)	<0.003		mg/L	0.003	06/18/2001		dap	SW 8260B
Surr: Dibromofluoromethane	110.0		%	75-124	06/18/2001		dap	SW 8260B
Surr: Toluene-d8	100.0		%	85-115	06/18/2001		dap	SW 8260B



ANALYTICAL REPORT

Mr. Jerry Farmer
NATIONAL CASTINGS INC.
1400 So. Laramie Av.
Cicero IL 60804

06/29/2001

Sample No. : 632462

Job No.: 01.05662

Sample Description: SLAG Beneficial Reuse/Foundry Sand-Cicero

Date Taken: 06/11/2001
Time Taken: 07:00

Date Received: 06/12/2001
Time Received: 09:40

Parameter	Result	Flag	Units	Reporting Limit	Date Analyzed	Time Analyzed	Analyst Initials	Analytical Method
Surr: 4-Bromofluorobenzene	96.0		%	79-122	06/18/2001		dap	SW 8260B

TestAmerica

INCORPORATED

Mr. Jerry Farmer
NATIONAL CASTINGS INC.
1400 So. Laramie Av.
Cicero IL 60804

06/29/2001

Job Number: 01.05662

IEPA Cert. No.: 100221
WDNR Cert. No.: 999447130

Project Description:

CASE NARRATIVE

No analytical exceptions were noted outside of routine method protocols, except as may be noted by data flags (qualifiers) on the individual sample results.

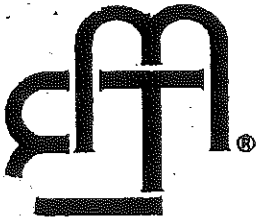
TestAmerica

KEY TO ABBREVIATIONS and METHOD REFERENCES

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To convert % to ppm, multiply the result by 10,000.
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- AA : Indicates analysis was performed using Atomic Absorption Spectroscopy.
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- PQL : Practical Quantitation Limit; the lowest level that can be reliably achieved within specified limits of precision and accuracy during routine laboratory operating conditions.

Method References

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- SDWA "Methods for the Determination of Organic Compounds in Finished Drinking Water and Raw Source Water", USEPA, September 1986.
- SDWA "Methods for the Determination of Metals in Environmental Samples", Supplement I USEPA, EPA-600/R-94/111, May 1994.
- SM "Standard Methods for the Examination of Water and Wastewater", APHA-AWWA-WPCF, 18th Edition.
- SW "Test Methods for Evaluating Solid Waste, Physical/Chemical Methods", USEPA, SW-846.



**ENVIRONMENTAL
MONITORING AND
TECHNOLOGIES, INC.**

8100 North Austin Avenue
Morton Grove, Illinois 60053-3203

Tel: 847-967-6666
Fax: 847-967-6735

www.emt.com

August 31, 2000

Mr. Mike Egizio
BFI/Allied Waste
5050 West Lake Street
Melrose Park, IL 60160

Re: National Casting

Dear Mr. Egizio,

The enclosed analytical reports are for the project listed above. If you have any questions, please contact me at 847-967-6666.

Sincerely,

Megan P. Roark
Project Manager

Approved by

Greg Denny
Operations Manager

cc: Project File

These contents of this report apply to the sample(s) analyzed. No duplication of this report is allowed except in its entirety.

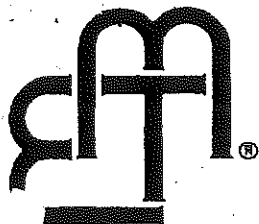
State of Illinois Chemical Analysis in Drinking Water Accredited Lab. No. 100256

State of West Virginia No. 299

State of Wisconsin Wastewater and Hazardous Waste No. 999888890

American Association for Laboratory Accreditation. Accredited for Environmental Lead analysis No. 0627-01

bascover.doc



ENVIRONMENTAL MONITORING AND TECHNOLOGIES, INC.

8100 North Austin Avenue
Morton Grove, Illinois 60053-3203

Tel: 847-967-6666
Fax: 847-967-6735

www.emt.com

Report of Laboratory Analysis

CLIENT: BFI
Lab Order: 00080753
Project: National Casting
Lab ID: 00080753-01A

Client Sample ID: SAND
Report Date: 8/31/2000
Collection Date: 8/28/2000
Matrix: Solid

Analyses	Result	Reporting Limit	Qual Units	Date Analyzed	Analyst
Semivolatiles Organic Compounds, TCLP Method: SW1311/8270C					
1,4-Dichlorobenzene	< 3.75	3.75	mg/L	8/30/2000 6:27:00 PM	GG
2,4,5-Trichlorophenol	< 200.	200.	mg/L	8/30/2000 6:27:00 PM	GG
2,4,6-Trichlorophenol	< 1.	1.	mg/L	8/30/2000 6:27:00 PM	GG
2,4-Dinitrotoluene	< 0.07	0.07	mg/L	8/30/2000 6:27:00 PM	GG
Hexachlorobenzene	< 0.07	0.07	mg/L	8/30/2000 6:27:00 PM	GG
Hexachlorobutadiene	< 0.25	0.25	mg/L	8/30/2000 6:27:00 PM	GG
Hexachloroethane	< 1.5	1.5	mg/L	8/30/2000 6:27:00 PM	GG
m,p-Cresol	< 100.	100.	mg/L	8/30/2000 6:27:00 PM	GG
Nitrobenzene	< 1.	1.	mg/L	8/30/2000 6:27:00 PM	GG
o-Cresol	< 100.	100.	mg/L	8/30/2000 6:27:00 PM	GG
Pentachlorophenol	< 50.	50.	mg/L	8/30/2000 6:27:00 PM	GG
Pyridine	< 2.5	2.5	mg/L	8/30/2000 6:27:00 PM	GG
Cresols, Total	< 100.	100.	mg/L	8/30/2000 6:27:00 PM	GG
Volatiles, TCLP Method: SW1311/8260B					
1,1-Dichloroethene	< 0.35	0.35	mg/L	8/28/2000 7:26:00 PM	BA
1,2-Dichloroethane	< 0.25	0.25	mg/L	8/28/2000 7:26:00 PM	BA
1,4-Dichlorobenzene	< 3.75	3.75	mg/L	8/28/2000 7:26:00 PM	BA
2-Butanone	< 100.	100.	mg/L	8/28/2000 7:26:00 PM	BA
Benzene	< 0.25	0.25	mg/L	8/28/2000 7:26:00 PM	BA
Carbon tetrachloride	< 0.25	0.25	mg/L	8/28/2000 7:26:00 PM	BA
Chlorobenzene	< 50.	50.	mg/L	8/28/2000 7:26:00 PM	BA
Chloroform	< 3.	3.	mg/L	8/28/2000 7:26:00 PM	BA
Tetrachloroethene	< 0.35	0.35	mg/L	8/28/2000 7:26:00 PM	BA
Trichloroethene	< 0.25	0.25	mg/L	8/28/2000 7:26:00 PM	BA
Vinyl chloride	< 0.1	0.1	mg/L	8/28/2000 7:26:00 PM	BA
ICP Metals, TCLP Extracted Method: SW6010B					
Arsenic	< 0.577	0.577	mg/L	8/31/2000	ML
Barium	0.303	0.007	mg/L	8/30/2000	GF
Cadmium	< 0.028	0.028	mg/L	8/30/2000	GF
Chromium	< 0.042	0.042	mg/L	8/30/2000	GF
Copper	< 0.087	0.087	mg/L	8/30/2000	GF
Lead	< 0.309	0.309	mg/L	8/31/2000	ML
Nickel	< 0.153	0.153	mg/L	8/30/2000	GF
Selenium	< 0.48	0.43	mg/L	8/30/2000	GF
Silver	< 0.062	0.062	mg/L	8/30/2000	GF
Zinc	0.085	0.061	mg/L	8/30/2000	GF

Qualifiers: B - Analyte detected in the associated Method Blank

S - Spike Recovery outside accepted recovery limits

E - Value above quantitation range

R - RPD outside accepted recovery limits

H - Holding Time Exceeded



ENVIRONMENTAL MONITORING AND TECHNOLOGIES, INC.

8100 North Austin Avenue
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Tel: 847-967-6666
Fax: 847-967-6735

www.emt.com

Report of Laboratory Analysis

CLIENT: BFI
Lab Order: 00080753
Project: National Casting
Lab ID: 00080753-01A

Client Sample ID: SAND
Report Date: 8/31/2000
Collection Date: 8/28/2000
Matrix: Solid

Analyses	Result	Reporting Limit	Qual Units	Date Analyzed	Analyst
Polychlorinated biphenyls (PCBs)					
Method: SW8082					
Aroclor 1016	< 80.	80.	µg/Kg	8/29/2000	IP
Aroclor 1221	< 80.	80.	µg/Kg	8/29/2000	IP
Aroclor 1232	< 80.	80.	µg/Kg	8/29/2000	IP
Aroclor 1242	< 80.	80.	µg/Kg	8/29/2000	IP
Aroclor 1248	< 80.	80.	µg/Kg	8/29/2000	IP
Aroclor 1254	< 80.	80.	µg/Kg	8/29/2000	IP
Aroclor 1260	< 80.	80.	µg/Kg	8/29/2000	IP
Cyanide, Total					
Method: SW9010A					
Cyanide	< 2	2	mg/Kg	8/31/2000 7:40:08 AM	NN
Extracted Organic Halogens					
Method: SW9020A					
Extractable Organic Halides (EOX)	14	5	mg/Kg	8/30/2000	IGM
Mercury, TCLP Extracted					
Method: SW7471					
Mercury	< 0.015	0.015	mg/L	8/30/2000	IG
Open Cup Flash Point					
Method: D92-90					
Ignitibility (open cup)	> 180	35	*F	8/29/2000 9:57:15 AM	VT
Free Liquid					
Method: SW9095					
Free Liquid	Pass		Pass/Fail	8/29/2000 7:33:40 AM	VT
Corrosivity by pH					
Method: SW9045C					
pH	9.43		pH Units	8/29/2000 11:50:29 AM	VT
Phenolics					
Method: SW9065					
Phenolics, Total Recoverable	4.89	0.1	mg/kg	8/30/2000	VM
Sulfide, Reactive					
Method: SW7.3.4.2					
Reactive Sulfide	< 10	10	mg/Kg	8/28/2000 10:06:20 PM	SS

Qualifiers: B - Analyte detected in the associated Method Blank
E - Value above quantitation range
H - Holding Time Exceeded

S - Spike Recovery outside accepted recovery limits
R - RPD outside accepted recovery limits

SPECIAL INSTRUCTIONS:

(5-3)

ENVIRONTech, INC. LANDFILL
1800 ASHLEY ROAD
MORRIS, IL 60450
Operating Permit Number 1193-428-LF
Illinois Facility ID #0638140002
Telephone #(815) 942-1800
FAX #(815) 942-1864

DATE: 02/20/01

GENERATOR COMPANY NAME: ABC-NACO National Castings Inc

GENERATOR SITE ADDRESS:

1400 S. Laramie Ave
Cicero, IL 60804

GENERATOR MAILING ADDRESS:

110 N 25th Ave
Melrose Park, IL 60160

GENERATOR CONTACT/TELEPHONE #: Bob Silanskis (708) 344-0675

TECHNICAL CONTACT/TELEPHONE #: same

ILLINOIS EPA GENERATOR ID #: 0310510007

WASTE STREAM NAME: Refractory Brick

EPA WASTE CLASSIFICATION: Non Hazardous Special Waste

DISPOSAL SITE AUTHORIZATION APPROVAL #: 369Y14637

TOTAL ANNUAL VOLUME: 500 Tons

DISPOSAL AUTHORIZATION EXPIRATION DATE: February 6, 2004



GENERATOR WASTE PROFILE SHEET

Requested Disposal Facility: Environtech

an Allied Waste Company

Waste Profile #

369 Y14637Date: 2/19/01

I. GENERATOR INFORMATION

Generator Name: ABC- NACB National Castings IncGenerator Site Address: 1400 S Laramie AveCity: Cicero

County:

State: ILZip: 60804Generator State ID No: 0310510007SIC Code No: 3325Generator Mailing Address (if different): 110 N 25th aveCity: Melrose Park

County:

State: ILZip: 60160Generator Contact Name: Bob SilanskisPhone Number: 708-344 0675

Fax Number:

708-344-0739

II. TRANSPORTER INFORMATION

Transporter Name: B.F.I. Melrose ParkTransporter Address: 5050 W Lake StCity: Melrose Park

County:

State: ILZip: 60160

Transporter Contact Name:

Phone Number:

Fax Number:

State Transportation #: 0107

III. WASTE STREAM INFORMATION

Name of Waste: Refractory BrickProcess Generating Waste: Electric arc furnace & LadlesType of waste: INDUSTRIAL PROCESS WASTE or POLLUTION CONTROL WASTEPhysical State: SOLID SEMI-SOLID POWDER LIQUID OTHER:Method of Shipment: BULK DRUM BAGGED OTHER / EXPLAIN:Estimated Annual Volume: CUBIC YARDS: TONS: 500 OTHER:Frequency: ONE TIME ONLY DAILY WEEKLY MONTHLY OTHER / EXPLAIN:

SPECIAL HANDLING INSTRUCTIONS:

IV. REPRESENTATIVE SAMPLE CERTIFICATION

Is the representative sample collected to prepare this profile and laboratory analysis, collected in accordance with U.S. EPA § 40 CFR 261.20(c) guidelines or equivalent rules?

YES or NO

Sample Date: 01/30/01

Circle one:

COMPOSITE SAMPLE

GRAB SAMPLESampler's Employer: B.F.I. Melrose ParkSampler's Name (printed): Mike Egizio

Signature:

Mike Egizio

V. **PHYSICAL CHARACTERISTICS OF WASTE**

Waste Profile # _____

CHARACTERISTIC COMPONENTS**% BY WEIGHT (range)**

1. Refractory Brick

95-99%

2. Dust and sand

.5-1%

3. _____

Color	Odor (describe):	Free Liquids: YES or NO	% Solids:	pH:	Flash Point:	Phenol
Brown	None	Content _____ %		6.61	> 180+ °F	< .87 ppm

Attach Laboratory Analytical Report (and or Material Safety Data Sheet)
Including Required Parameters Provided for this Profile

Does this waste or generating process contain regulated concentrations of the following Pesticides and/or Herbicides: Chlordane, Endrin, Heptachlor (and its epoxides), Lindane, Methoxychlor, Toxaphene, 2, 4-D, 2, 4, 5, -TP Silvex as defined in § 40 CFR 261.337	YES or NO
Does this waste or generating process cause it to exceed OSHA exposure limits from high levels of Hydrogen Sulfide or Hydrogen Cyanide as defined in § 40 CFR 261.237	YES or NO
Does this waste contain regulated concentrations of Polychlorinated Biphenyls (PCBs) as defined in § 40 CFR Part 761?	YES or NO
Does this waste contain regulated concentrations of listed hazardous wastes defined by § 40 CFR, 261.31, 261.32, 261.33, including RCRA P-Listed Solvents?	YES or NO
Does this waste contain regulated concentrations of 2, 3, 7, 8 -Tetrachlorodibenzodioxin (2, 3, 7, 8 -TCDD), or any other dioxin as defined in § 40 CFR 261.317	YES or NO
Is this a regulated Toxic Material as defined by Federal and/or State regulations?	YES or NO
Is this a regulated Radioactive Waste as defined by Federal and/or State regulations?	YES or NO
Is this a regulated Medical or Infectious Waste as defined by Federal and/or State regulations?	YES or NO
Is this waste generated at a Federal Superfund Clean Up Site?	YES or NO

VI. **GENERATOR CERTIFICATION**

I hereby certify that to the best of my knowledge and belief, the information contained herein is a true and accurate description of the waste material being offered for disposal. I further certify that by utilizing this profile, neither myself nor any other employee of the company will deliver for disposal or attempt to deliver for disposal any waste which is classified as toxic waste, hazardous waste, medical or infectious waste, or any other waste material this facility is prohibited from accepting by law. Our company hereby agrees to fully indemnify this disposal facility against any damages resulting from this certification being inaccurate or untrue.

ROBERT D. SILANEK'S PLANT FACILITY ENGINEER

AUTHORIZED REPRESENTATIVE NAME AND TITLE (Printed)

Robert D. Silanek

AUTHORIZED REPRESENTATIVE SIGNATURE

NATIONAL CASTINGS

COMPANY NAME

2/19/2001

DATE

VII. **ALLIED WASTE DECISION**

Approved

Rejected

Conditions:

Expiration: _____

Name, Title

Signature

Date



**ENVIRONMENTAL
MONITORING AND
TECHNOLOGIES, INC.**

8100 North Austin Avenue
Morton Grove, Illinois 60053-3203

Tel: 847-967-6666
Fax: 847-967-6735

www.emt.com

February 6, 2001

Mr. Mike Egizio
BFI/Allied Waste
5050 West Lake Street
Melrose Park, IL 60160

Re: National Casting

Dear Mr. Egizio,

The enclosed analytical reports are for the project listed above. If you have any questions, please contact me at 847-967-6666.

Sincerely,

Megan P. Roark
Project Manager

Approved by

Greg Denny
Operations Manager

cc: Project File

Page 1 of 3

These contents of this report apply to the sample(s) analyzed. No duplication of this report is allowed except in its entirety.

State of Illinois Chemical Analysis in Drinking Water Accredited Lab. No. 100256
State of West Virginia No. 299
State of Wisconsin Wastewater and Hazardous Waste No. 999888890



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Report of Laboratory Analysis

CLIENT: BFI
Lab Order: 01010539
Project: National Casting
Lab ID: 01010539-01A

Client Sample ID: Refractory Brick
Report Date: 2/7/01
Collection Date: 1/30/01
Matrix: Solid

Analyses	Result	Reporting Limit	Qual Units	Date Analyzed	Analyst
Semivolatiles Organic Compounds, TCLP Method: SW1311/8270C					
1,4-Dichlorobenzene	< 3.75	3.75	mg/L	2/2/01 5:37:00 PM	GG
2,4,5-Trichlorophenol	< 200.	200.	mg/L	2/2/01 5:37:00 PM	GG
2,4,6-Trichlorophenol	< 1.	1.	mg/L	2/2/01 5:37:00 PM	GG
2,4-Dinitrotoluene	< 0.07	0.07	mg/L	2/2/01 5:37:00 PM	GG
Hexachlorobenzene	< 0.07	0.07	mg/L	2/2/01 5:37:00 PM	GG
Hexachlorobutadiene	< 0.25	0.25	mg/L	2/2/01 5:37:00 PM	GG
Hexachloroethane	< 1.5	1.5	mg/L	2/2/01 5:37:00 PM	GG
m,p-Cresol	< 100.	100.	mg/L	2/2/01 5:37:00 PM	GG
Nitrobenzene	< 1.	1.	mg/L	2/2/01 5:37:00 PM	GG
o-Cresol	< 100.	100.	mg/L	2/2/01 5:37:00 PM	GG
Pentachlorophenol	< 50.	50.	mg/L	2/2/01 5:37:00 PM	GG
Pyridine	< 2.5	2.5	mg/L	2/2/01 5:37:00 PM	GG
Cresols, total	< 100.	100.	mg/L	2/2/01 5:37:00 PM	GG
Volatiles, TCLP Method: SW1311/8260B					
1,1-Dichloroethane	< 0.35	0.35	mg/L	2/4/01 11:05:00 PM	BA
1,2-Dichloroethane	< 0.25	0.25	mg/L	2/4/01 11:05:00 PM	BA
1,4-Dichlorobenzene	< 3.75	3.75	mg/L	2/4/01 11:05:00 PM	BA
2-Butanone	< 100.	100.	mg/L	2/4/01 11:05:00 PM	BA
Benzene	< 0.25	0.25	mg/L	2/4/01 11:05:00 PM	BA
Carbon tetrachloride	< 0.25	0.25	mg/L	2/4/01 11:05:00 PM	BA
Chlorobenzene	< 50.	50.	mg/L	2/4/01 11:05:00 PM	BA
Chloroform	< 3.	3.	mg/L	2/4/01 11:05:00 PM	BA
Tetrachloroethene	< 0.35	0.35	mg/L	2/4/01 11:05:00 PM	BA
Trichloroethene...	< 0.25	0.25	mg/L	2/4/01 11:05:00 PM	BA
Vinyl chloride	< 0.1	0.1	mg/L	2/4/01 11:05:00 PM	BA
ICP Metals, TCLP Extracted Method: SW6010B					
Arsenic	< 0.858	0.858	mg/L	2/5/01	ML
Barium	0.018	0.013	mg/L	2/5/01	ML
Cadmium	< 0.033	0.033	mg/L	2/5/01	ML
Chromium	< 0.06	0.06	mg/L	2/5/01	ML
Copper	< 0.087	0.087	mg/L	2/5/01	ML
Lead	< 0.274	0.274	mg/L	2/5/01	ML
Nickel	< 0.14	0.14	mg/L	2/5/01	ML
Selenium	< 0.8	0.8	mg/L	2/5/01	ML
Silver	< 0.067	0.067	mg/L	2/5/01	ML
Zinc	0.145	0.066	mg/L	2/5/01	ML

Qualifiers: B - Analyte detected in the associated Method Blank

E - Estimated

H - Holding Time Exceeded

S - Spike Recovery outside accepted recovery limits

R - RPD outside accepted recovery limits



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Report of Laboratory Analysis

CLIENT: BFI
Lab Order: 01010539
Project: National Casting
Lab ID: 01010539-01A

Client Sample ID: Refractory Brick
Report Date: 2/7/01
Collection Date: 1/30/01
Matrix: Solid

Analyses	Result	Reporting Limit	Qual Units	Date Analyzed	Analyst
Polychlorinated biphenyls (PCBs)					
		Method: SW8082			
Aroclor 1016	< 80.	80.	µg/Kg	2/2/01 5:19:00 PM	IP
Aroclor 1221	< 80.	80.	µg/Kg	2/2/01 5:19:00 PM	IP
Aroclor 1232	< 80.	80.	µg/Kg	2/2/01 5:19:00 PM	IP
Aroclor 1242	< 80.	80.	µg/Kg	2/2/01 5:19:00 PM	IP
Aroclor 1248	< 80.	80.	µg/Kg	2/2/01 5:19:00 PM	IP
Aroclor 1254	< 80.	80.	µg/Kg	2/2/01 5:19:00 PM	IP
Aroclor 1260	< 80.	80.	µg/Kg	2/2/01 5:19:00 PM	IP
Cyanide, Total					
Cyanide	< 2	2	mg/Kg	1/31/01	NN
Extracted Organic Halogens					
Extractable Organic Halides (EOX)	36	5	mg/Kg	1/31/01	IGM
Mercury, TCLP Extracted					
Mercury	< 0.0004	0.0004	mg/L	2/1/01	IG
Open Cup Flash Point					
Ignitibility (open cup)	>180	35	°F	1/31/01 2:38:07 PM	VT
Free Liquid					
Free Liquid	Pass		Pass/Fail	1/31/01 2:45:46 PM	VT
Corrosivity by pH					
pH	6.81		pH Units	1/31/01 10:40:16 AM	VT
Phenolics					
Phenolics, Total-Recoverable	< 1.87	1.87	mg/kg	1/31/01 8:26:07 PM	VM
Sulfide, Reactive					
Reactive Sulfide	< 10	10	mg/Kg	1/31/01 7:51:31 PM	SS

Qualifiers: B - Analyte detected in the associated Method Blank
E - Estimated
H - Holding Time Exceeded

S - Spike Recovery outside accepted recovery limits
R - RPD outside accepted recovery limits



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Chain of Custody Record

847-967-6666
FAX: 847-967-6735
www.emt.com

TURNAROUND TIME:
☐ RUSH
____ day turnaround
☒ ROUTINE

Due Date: 2-6-01 COC #: 106185

Company: BFI
Address: 5050 W. Lake St
Melrose Park, IL
MIKE EG1210
Phone #: (____) _____ Fax #: (____) _____
P.O. #: _____ Proj. #: _____
Client Contact: ALLEN HARRIS
Project ID / Location: NATIONAL CASTING

Sample Type:
1. Waste Water 4. Sludge 7. Groundwater (filtered)
2. Drinking Water 5. Oil 8. Other
3. Soil 6. Groundwater
Container Type:
P - Plastic V - VOC Vial O - Other
G - Glass B - Tedlar Bag
Preservative:
1. None 4. NaOH 7. Zn Ace
2. H₂SO₄ 5. HCl 8. Other
3. HNO₃ 6. MeOH

Analyses

Sample I.D.	Sample Type	Container			Sampling					Preservation		ALLOWED WASTE PARAMETERS																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																													
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